Spire Healthcare Limited

Spire Hartswood Hospital

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Outstanding

Summary of findings

Overall summary

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

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

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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

Outpatients

Good 

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

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

Summary of findings

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

Summary of findings

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Summary of this inspection

Background to Spire Hartswood Hospital

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Spire Hartswood if operated by Spire Healthcare Limited. The hospital has 35 beds spread over two wards. Facilities include three operating theatres, one enhanced recovery unit, a three bay endoscopy unit and X-ray, outpatient and diagnostic facilities.

The hospital provides surgery, medical care, services for children and young people, and outpatients and diagnostic imaging. We inspected surgery and outpatients.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 1 December 2021. The inspection was unannounced.

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

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

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service level.

How we carried out this inspection

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

Outstanding practice

We found the following outstanding practice:

All staff were focused on delivering individualised care and took the time to understand their patients individual needs to deliver high quality, personalised care.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. Records showed that year to date 86% of staff had completed mandatory training against a target of 95%. Spire's training year runs from 1 April to 31 March. Modules are reset on 1st April for annual refreshers. This meant that staff had three months left to complete their mandatory training modules. For the year 2020 to 2021 staff were 96% compliant.

The mandatory training was comprehensive and met the needs of patients and staff. Training was delivered face to face and online. The pandemic had impacted on the ability to deliver face to face training. However, there was an action plan in place to mitigate risk and improve training compliance.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had clear oversight of staff training compliance. Staff told us that they were alerted when update training was required.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed a minimum of level two annually for both adults and children. Qualified staff also completed level three safeguarding. Records showed that year to date 86% of staff had completed safeguarding training for adults and children against a target of 95%. For the year 2020 to 2021 staff were 95% compliant.

There were safeguarding leads within the organisation who were safeguarding level four trained who staff could access for support and advice if required.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff told us about specific patient concerns that they had identified and escalated appropriately.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The hospital had a chaperoning policy which staff knew how to access. There were notices in patient areas advising patients that they were entitled to have a chaperone present for consultations, examinations and surgery.

Cleanliness, infection control and hygiene

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

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the pandemic. There were visible adaptations for the arrival of staff, patients and visitors at the hospital to limit the risk of cross infection, for example patients completed a covid test prior to admission.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records we reviewed were up to date and demonstrated that all areas were cleaned regularly in line with hospital policy.

Staff used records to identify how well the service prevented infections. Infection prevention and control (IPC) audits were completed monthly and quarterly. Data from the provider demonstrated good compliance with IPC audits in the three months prior to our inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). In all areas we visited, staff decontaminated their hands appropriately before and after patient care. Staff were bare below the elbows. They used PPE in line with the provider's infection prevention and control policy and disposed of the items correctly.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used I am clean stickers to demonstrate that equipment was clean and ready for use. Cleaning records we reviewed were up to date and demonstrated that all areas were cleaned regularly in line with hospital policy.

The service had an infection prevention and control (IPC) lead in place who ensured the service met safety standards for IPC, carried out audit and ensured staff had the relevant skills and knowledge.

Good

Surgery

Staff worked effectively to prevent, identify and treat surgical site infections. There were 10 infections post- surgery between January and December 2021, a rate of 0.12%. All infections were investigated by the infection control lead and where required mitigation was put in place.

Theatres had clear and robust processes in place to separate clean and dirty instruments. There was a clear flow through process in theatre for surgical instruments to prevent cross contamination. This was tracked by the internal tracking system for all surgical instrument sets.

The hospital had sterile services on site for the decontamination and sterilisation of surgical instruments. The sterile services quality management systems were compliant with British standards and the department was registered with the Medicines and Healthcare products Regulatory Agency (MHRA).

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Each bed space on the wards had a call bell system. We saw that call bells were within the reach of patients, and staff were prompt in responding to the bell to meet patient needs. Patients we spoke with told us staff answered their call bell in a timely way.

The design of the environment followed national guidance. The hospital had 40 single patient rooms which were suitably equipped. There were four theatres including two with laminar airflow.

Staff carried out daily safety checks of specialist equipment. Anaesthetic machines were checked daily and this was recorded appropriately. Ward staff completed daily checks of the emergency resuscitation trolley. We reviewed records from October 2021 to November 2021 which showed that staff had completed these checks and there were no gaps in the records.

The service had enough suitable equipment to help them to safely care for patients. An external maintenance provider attended the hospital to service and safety check equipment. All the equipment we checked had been serviced and safety checked within the required timeframe. The theatre had an airflow system in place that was checked and maintained in line with hospital policy to maintain air quality in theatre.

Staff disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance. The appropriate controls were in place for substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used NEWS2 to identify deteriorating patients. Staff knew about and dealt with any specific risk issues. Staff we spoke with knew how to escalate a deteriorating patient and had access to support from the resident medical officer (RMO).

Good

Surgery

Staff used a sepsis care bundle for the management of patients with presumed/confirmed sepsis. The hospital used the sepsis six care bundle to identify and treat patients with early signs of sepsis.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed risk based pre-operative assessments in line with pre-operative assessment guidance.

All patients aged over 65 years old and anyone identifying as a falls risk had their lying and standing blood pressure recorded preoperatively. Falls risk assessments and mobility assessments were completed within 24 hours of admission to the ward. Patients at risk of fall were issued with “yellow socks” which not only had a non- slip surface but also alerted staff members to the fall risk for that patient when they were mobilising.

All registered staff completed either immediate life support (ILS) or basic life support training with an additional four members of staff who had completed advance life support training. This meant that staff had the skills required to identify and manage a deteriorating patient. Daily department and resus safety huddles were held to share up to date key information between staff.

Due to the pandemic access to face to face training had been restricted. This meant that some members of ILS trained staff had not been able to access their update training. This was the highest risk on the hospitals risk register. Staffing was reviewed daily by the hospital Director of Clinical Services to ensure ILS trained staff were available in all areas of the hospital. The RMO was ILS and ALS trained. There was an action plan in place to ensure all staff received their update training over the next three months.

Staff knew about and dealt with any specific risk issues. Venous thromboembolism (VTE) assessments were completed and monitored in line with the provider policy. Audit results provided by the hospital showed 97% compliance rate against a target of 95%.

The service ensured compliance with the World Health Organisation (WHO) five steps to safer surgery surgical checklist including marking of the surgical site. We observed the WHO check and saw it was completed appropriately. The service monitored compliance through a record and observational audit. Data provided following our inspection showed 100% compliance with the WHO checklist. There was a surgical safety guardian in theatre to oversee safety standards in theatres.

During our inspection we observed that surgical tape was not included in the surgical count. A surgical count is used to ensure accountability for all items used during an operation. We escalated this at the time. The theatre manager raised the question with three other Spire locations and had an inconsistent response to whether the tape was or was not included in the count. This was escalated to the Spire medical director and they made the decision that surgical tape was to be included in the surgical count and the update was shared Spire wide. This demonstrated an openness to challenge, proactive investigation and appropriate escalation and sharing of improvement.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide.

Good

Surgery

Staff shared key information to keep patients safe when handing over their care to others. This key information was shared hospital wide. There were safety huddles held in each department, then a quality and assurance meeting held at 9am with all clinical heads of department. This meeting shared information around the day's clinical activities, staffing, high risk patients, resus team staff. This was followed by a 9.30 meeting with the hospital director in attendance. Shift changes and handovers included all necessary key information to keep patients safe.

A "Safe to fly" checklist was completed daily by the nurse in charge to ensure that all ward areas in the hospital were safe to proceed on that day.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Managers had access to a safe staffing tool to calculate staffing requirement based on the acuity of patients. Since January 2021, there had been no unfilled and no red flag staffing incidents reported in either wards or theatre.

The ward manager could adjust staffing levels according to the needs of patients.

The service had low staff turnover rates. From January 2021 to November 2021 the turnover rate was 1%.

The service had an increasing sickness rate. From January 2021 to November 2021 the sickness rate was 5.9%. This was driven by a spike of sickness in theatres in November 2021.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Where agency staff had worked in the hospital, they were given a longer contract to ensure that they were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. Medical staff were employed through practising privileges. At the time of our inspection the hospital had 273 medical staff with practising privileges. To maintain practising privileges, members had to provide evidence of annual practice appraisal, indemnity cover, an up-to-date disclosure and barring service (DBS), status of Hepatitis B, Hepatitis C and HIV. Part of their practising privileges agreements was that they were required to have arrangements with other medical staff to provide cover, in the event of them being unavailable.

Good

Surgery

Consultants were required to live within 45 minutes of the hospital and remain on-call whilst their patients were in the hospital. In the evenings when consultants were not present on site, the resident medical officer (RMO) provided medical care. If a patient deteriorated the RMO would contact the consultant for them to come back and review the patient.

Two RMOs were employed at the hospital, both were regular doctors employed by a Spire approved agency. RMOs worked on a seven-day rota, where they worked 12 hours on duty and then 12 hours on call. Facilities were available on site for RMOs to rest whilst on call.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed five sets of patient records, we found that they were legible, signed and dated. All records contained pre-operative assessments as part of a pre-admission assessment. The records were contemporaneous and demonstrated an on-going plan of care. All the records we reviewed had up to date risk assessments.

The hospital conducted a records audit quarterly. The audit for quarter three showed 87% compliance. Non-compliance related to the completion of consultant summary reports and action had been taken to improve compliance.

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

Records were stored securely. Patient records were stored in trolleys within staff areas of the ward and were secured with keycode lock to prevent records being accessed by those who did not have permission to access records.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The medicines we sampled, in cupboards and fridges, were all within their expiry dates.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We saw medicines were stored in locked rooms or locked cupboards. Staff kept controlled drugs in wall mounted metal cupboards in line with legislation. We checked controlled drugs on the ward and in theatres for the period September 2021 to November 2021 and found that stock levels matched the records which had been checked and signed appropriately by staff. However, staff did not always record when the service was closed in the record book in theatre which is best practice for clarity of records.

Good

Surgery

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Patients own medication was stored in a locked cabinet in the storeroom which was locked by a key code.

Staff learned from safety alerts and incidents to improve practice. Alerts were shared at the daily safety briefs in department and hospital wide.

The ward stored medicines in a temperature-controlled room secured with keycode entry system. Staff recorded room temperatures daily. We reviewed the room temperature records from October 2021 to the day of our inspection which demonstrated this had taken place daily without any gaps.

We observed that staff kept medicines fridges locked and monitored the temperatures daily. We reviewed the fridge temperature records on the ward and in theatres and found these were completed daily without gaps and all were within the safe temperature range.

Incidents

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

Staff knew what incidents to report and how to report them. The service used an electronic reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy.

The service had no never events in the two years prior to our inspection. The hospital director told us that the service was holding a never event awareness event in December 2021 to continue the patient safety focus.

Managers shared learning with their staff about never events and serious incidents that happened elsewhere. The service received 48-hour flash reports to share learning from incidents and safety concerns across the Spire group.

Staff reported serious incidents clearly and in line with the provider's policy. There was an open reporting culture and staff told us that they were encouraged to report incidents and received feedback on incidents that they reported.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw that duty of candour had been carried out appropriately for the incidents that we reviewed.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning was shared during the daily safety briefings, on staff notice boards and via email.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. All serious incidents were reviewed and investigated using route cause analysis (RCA). The service had an RCA scrutiny panel which reviewed RCA's for consistency and robustness.

Good

Surgery

Are Surgery effective?

Good

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policy and guideline documents on the hospital intranet.

All surgical patients underwent a pre-operative assessment process which followed a documented pathway, this ensured staff gathered all the relevant information and prepared patients for their surgery. This was in line with the Association of Anaesthetists and the British Association of Day Surgery guidance.

Staff accessed evidenced based tools to identify and treat patients with sepsis. The sepsis six tool was used in conjunction with the NEWS2 assessment tool to identify patients at risk of sepsis.

At safety meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Policy and pathway documents were inclusive of patients with disabilities and people with protected characteristics. Staff made appropriate adjustments for patients with complex needs and planned individualised care to meet these needs in line with provider policy

Theatres completed the World Health Organisation five steps to safer surgery for all surgical procedures to monitor compliance with this standard.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients had access to water at their bed side.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Specialist support from a dietitian was available to patients. The hospital had a dietitian that worked under practicing privileges. Staff could signpost patients to the dietician for additional dietary advice and support.

Good

Surgery

Patients waiting to have surgery were not left nil by mouth for long periods. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The hospital director told us that the hospital catering staff tailor menus to meet patient needs including responding to food allergies or to have something they like when they are not feeling well.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff asked patients about their pain when taking vital observations and during medicines rounds.

Patients received pain relief soon after requesting it. Patients we spoke with told us their pain had been managed well by staff. They confirmed that staff administered pain relieving medicines in a timely way, when they had reported that they were in pain.

Staff prescribed, administered and recorded pain relief accurately. Medicine prescriptions records showed staff prescribed appropriate pain-relieving medicines at regular intervals during the day as well as additional pain medication as required by the patient if they experienced increased pain.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. The service had a programme of local and national audits in place to benchmark the service against other hospitals in the provider group, local policy compliance and service improvements. A large proportion of audit activity was paused in June 2021 in order alleviate resource pressures across clinical services but resumed in October 2021.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Actions were required for any audits scoring less than 95% compliance. Data showed there was one audit outstanding with partially completed actions at the time of our inspection.

Managers and staff used the results to improve patients' outcomes. Managers shared and made sure staff understood information from the audits. We saw that managers displayed relevant audit results in staff areas and discussed the results within team meetings.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw evidence of action plans from audit and saw that they were monitored and reviewed. Audits were repeated to improve compliance. Managers used information from the audits to improve care and treatment.

The hospital sterile services lab was accredited by SGS.

The hospital pathology lab was UKAS accredited.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers kept records of staff competence, and qualifications.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff received a hospital induction before they started work in their appointed role, and managers tailored a local induction to the clinical area. We reviewed staff records and saw that this was completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. Clinical staff such as registered nurses, operating department practitioners and health care assistants participated in a meaningful appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. During the pandemic face to face meetings had been halted. Team and hospital meetings were conducted online. Staff told us that this had enabled better attendance as the meeting could be accessed from their clinical area.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff participated in a three-point appraisal process, each staff member met with their manager three times a year to monitor their progress and develop personal development plans. Data provided by the hospital showed that the appraisal rate for staff was 100% for both theatres and the inpatient ward.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke with had completed the appraisal process and had tailored individual development plans.

The hospital monitored consultant practicing privileges and had clear processes to remove practicing privileges of consultants that did not supply copies of their annual practice appraisals, and indemnity insurance. Practicing privileges were removed where consultants did not comply with the conditions associated with the practicing privileges. Minutes from the medical advisory committee (MAC) meeting detailed where practicing privileges had been suspended.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The RMO, nurse in charge and the hospital ward pharmacist completed twice daily bed rounds on the ward to discuss patients and plan their care. In theatres surgeons, anaesthetists and operating department practitioners (ODPs) completed the World Health Organisation (WHO) five steps to safer surgery checklists briefing and debriefing elements appropriately.

Good

Surgery

Consultants reviewed their inpatients daily in accordance with the granted practicing privileges. Consultants had arrangements in place to cover annual leave and sickness. The ward manager told us that consultants reviewed their inpatients daily. In the event this did not happen the ward manager escalated this to the senior leadership team. They also told us that many of the consultants worked in teams to provide cover.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff had access to specialist support for patients, such as, the dementia lead and infection prevention and control lead. Staff communicated with local authority safeguarding teams, social workers, community services and GPs when they planned care for their patients.

Staff referred patients for mental health assessments when they showed signs of mental ill health such as depression.

Staff shared information about a patient's admission and treatment in a discharge letter which was sent to the patient's GP.

Seven-day services

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

Consultants led daily ward rounds on all wards, including weekends. Patients are reviewed by consultants depending on the care pathway. Surgery services provided consultant led care 24 hours a day, seven days a week. Consultants completed ward rounds seven days a week and were available on-call out of hours.

Patients could access staff for support following discharge. This was available 24 hours a day seven days a week. We observed a nurse offering advice to a patient that had some questions around their wound care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. The service had access to all key diagnostic services such as diagnostic imaging and laboratory services seven days a week to support clinical decision making.

The pharmacy was open Monday to Friday 9am to 5pm and on Saturday 9am to 1pm. An on-call rotation was in place with the hospital's pharmacists which provided pharmacy advice when the pharmacy on site was closed.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Surgery

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The organisation had a consent policy that was within the date of review and included guidance for staff to follow. The policy included guidance for patients assessed as lacking capacity to consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice. Staff gained verbal consent before delivering routine daily care such as assistance with washing, dressing and repositioning. We observed staff gaining consent before delivering care and treatment. Staff gained written consent from patients for all surgical procedures.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available. Theatre staff checked that patients understood the procedure they were having. This was included in the World Health Organisation five steps to surgical safety checklist.

Staff clearly recorded consent in the patients' records. We reviewed six patient records; all of the patient records contained correctly completed consent forms for their procedures. The hospital carried out an audit to monitor consent. We saw that 100% of patients had a fully completed consent recorded in their notes for audit completed January to June 2021.

There was an interpreter service available to support patients whose first language was not English during the consent process. Interpreters were pre-booked to provide either face to face or telephone support. Staff told us family members were not used for consent purposes.

Are Surgery caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke to said staff treated them well and with kindness. We observed staff interacting with patients and saw that they were kind, respectful and caring.

Good

Surgery

The hospital displayed thank you letters from patients in all staff areas and shared comments from the patient survey. Patients commented on the high quality care, kindness of all staff and the caring environment. One patient wrote “the team were friendly and caring. This kind of care sets the bar very high.” Another wrote that the staff looking after them went the extra mile to make sure that they were comfortable.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. This had been very important to the staff especially during the pandemic when visitors have been restricted. We were told about a patient who was very anxious about their surgery particularly because the patient’s partner could not be with them. Staff learnt that the patient’s partner would bring them their newspaper every morning at home, so a member of staff bought a newspaper in every morning for the patient throughout their stay.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The hospital had dignity leads across all areas who focused on identifying and taking action in areas where patients dignity could be enhanced and improved. For example, there had been focus on sourcing alternative gowns for patients undergoing breast surgery.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. This was particularly challenging during the pandemic. Staff told us that they had observed that patients appeared more anxious and this was added to by the restriction of visitors in the hospital. Staff recognised this and focused on ensuring that patients received the emotional support they needed. One patient shared that they had been very worried and upset before their operation but that every staff member including the housekeeping staff were polite and told them that they were going to be fine which they found very reassuring.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, a member of staff told us about the process of consent conducted with a patient who was a Jehovah’s witness. They described how the patient gave their consent for the treatment they would and would not have. This was described to us without judgement and with the patient’s religious needs at the heart of the care given.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff took the time to explain and interact with patients, offering explanations and being supportive when patients expressed concerns.

Good

Surgery

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were comment cards available on the wards which staff encouraged patients to complete. The hospital conducted patient surveys to obtain feedback on the service. In the most recent survey in October 2021 the hospital had the best result in the group from patients stating that they received outstanding care and were second in the group stating they received excellent care from nurses.

Staff supported patients to make informed decisions about their care. All patients we spoke with told us staff had provided information about their care and treatment, so they could make decisions. Patients felt they had input into decisions about their care and treatment.

Patients gave positive feedback about the service.

Are Surgery responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. The hospital undertook some surgical procedures on behalf of the NHS. Managers told us that 20% of surgical procedures were for NHS patients.

Patients could choose their appointment dates and surgery dates to suit their needs. Weekend and evening appointments were available to ensure flexibility to meet individual patient needs.

One stop clinics were offered to minimise the number of times a patient had to attend the hospital.

Facilities and premises were appropriate for the services being delivered. The ward and theatres were well equipped and complied with Department of Health guidelines. All patient accommodation were single occupancy rooms. The layout of the wards meant that all areas were accessible for people using a wheelchair or walking aids.

Staff could access mental health support for patients with mental health problems, learning disabilities and dementia.

The hospital had systems to help care for patients in need of additional support or specialist intervention. For example, patients with a learning difficulty who were coming in for surgery were identified during the pre-assessment process. They would be supported by the senior clinical team who would meet them during their pre-assessment and plan support they may need throughout their stay in hospital.

Good

Surgery

The main inpatient ward area had an extended recovery room which was used for patients that required additional one to one monitoring following their surgical procedure.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The hospital director was a dementia friends' trainer and was a leader in the local dementia action alliance. The hospital had a dementia champion and dementia friends to support patients living with dementia. The hospital had been recognised with an award for their work to make the hospital dementia friendly.

Wards were designed to meet the needs of patients living with dementia. The ward made reasonable adjustments for patients with complex needs. The hospital had equipment such as red toilets seats which were fitted prior to a patient admission and the use of red plates for meal times. Red plates are used in dementia care as they provide greater contrast with the food, making it easier for people to see the item on the plate and leads to people eating more. The hospital had information leaflets available in languages spoken by the patients and local community. Staff had access to print patient information in different languages where a patient's first language was not English. The hospital also had access to patient information in Braille to support visually impaired patients.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to translation service through a third-party provider. Staff could request face to face and telephone translators for patients whose first language was not English or for British sign language.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients could access the hospital either as privately funded patients or through NHS choose and book. All NHS procedures were prioritised by patient need following consultant review and agreement with the senior leadership team.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers and staff worked to make sure that they started discharge planning as early as possible. Twice daily ward rounds were conducted including the RMO, nurse in charge and the hospital ward pharmacist to ensure timely discharges.

All patient admissions were planned in advance at a time to suit patients. The hospital had an inclusion and exclusion criteria in place to ensure that the hospital could safely provide care to their patients. The hospital did not have facilities to care for patients that required critical care beds following their procedure.

Good

Surgery

Managers worked to keep the number of operations cancelled to a minimum. Staff reported cancellations on the incident reporting system and these were monitored by managers for themes. Staff in pre assessment told us that anaesthetists that would be caring for the patient during surgery assessed the patients fitness for surgery and this had contributed to reducing the number of cancellations on the day due to patients not being deemed fit for surgery.

When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Managers monitored patient transfers and followed national standards. There was a service level agreement with two local NHS trusts in place for the transfer of patients requiring critical care transfer in the event of deterioration or an emergency.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients confirmed they knew how to make a complaint. However, they told us that they had not had any reason to raise a complaint.

The service clearly displayed information about how to raise a concern in patient areas. We saw information on the ward that explained how to make a complaint. Information as to how to make a compliant was also available on the hospital website.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with knew how to deal with patient complaints and concerns. Initially staff attempted to resolve any issues at the time they were raised. In the event they were unable to resolve issues themselves they told us they would escalate the concerns to their manager.

Managers investigated complaints and identified themes. The hospital director oversaw the management of all complaints. All complaints were reviewed by the director of clinical services. In the quarter three reporting period (June to September 2021) the hospital received eight formal complaints. Complaints were reviewed to identify themes and actions put in place to address concerns.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This information was shared in staff meeting, daily huddles, on staff notice boards and newsletters.

The service was a member of the independent complaints adjudication service (ISCAS), which provided an independent review of complaints and mediation services where patients were not satisfied with the response from the provider. No complaints had been escalated within the reporting period.

Good

Surgery

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Where patients or their families raised concerns, staff took time to listen to the concerns and resolve any issues at the earliest opportunity. Staff felt able to act on concerns or escalate these to a senior member of the team to resolve where necessary.

Are Surgery well-led?

Outstanding ☆

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

Leadership

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

There was a dynamic, compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

There was a clear management structure with defined lines of responsibility and accountability. However, managers explained that this was a flat management structure to enable whole team involvement. Staff worked together as one team to provide the best care for their patients and provide a supportive environment for their colleagues.

Staff told us that there was good departmental and hospital leadership. Leaders were very well respected, approachable and supportive. All staff we spoke with were extremely positive about the leaders in the organisation describing them as open, professional, friendly and supportive. They told us that that all leaders had an open-door policy and they felt comfortable approaching any of the hospital leaders with concerns.

Leaders understood and managed the priorities and issues the service faced. Daily meetings escalated concerns on the day. For example, there had been a supply problem with hand soap. This was escalated and the management team resolved the problem temporarily by obtaining soap from local shops until the supply chain was restored. Leaders at all levels had clear oversight of capacity, patient acuity, staffing and risk.

Leaders were passionate about the service and worked well with staff to deliver the best possible outcome for their patients. Hospital leaders were visible in clinical areas and took time to meet with staff and patients.

Leaders held regular staff meetings and staff told us that they felt that their views were heard and valued.

Specialist leads such as the infection prevention and control lead were passionate and knowledgeable. They were accessible to staff and were empowered to carry out their role by the senior leadership team.

Vision and Strategy

Good

Surgery

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

The hospital had a vision and a strategy, with a plan to turn the vision into reality. Their hospital strategy was to be 'famous for outstanding clinical quality…accessible seven day per week services, supporting the local community, whole family care, recruiting the best staff, being easy to do business with, fully refurbished hospital'. We saw that there were separate clinical strategies underpinning these. The strategy was developed in conjunction with staff.

The strategy document for the hospital also identified the risks and dependencies in achieving their vision. This was supported by a 90-day strategy plan which outlined focus for the following quarter aligned to the delivering the strategy.

The hospital also followed the corporate Spire vision which was 'to be recognised as a world class healthcare business'.

The hospital had a set of organisational values. Staff we spoke with knew the organisation values of:

- Driving clinical excellence
- Doing the right thing
- Caring is our passion
- Delivering on our promises
- Succeeding and celebrating together
- Keeping it simple

The hospital also had a purpose of 'Making a positive difference to our patient's lives through outstanding personalised care.

Culture

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

Leaders had an inspiring shared purpose and worked to deliver and motivate staff to succeed. This was apparent as we observed interactions between managers and staff.

Staff reported an open and honest culture and said they felt able to raise any concerns with their managers. Staff were extremely proud of the organisation as a place to work and spoke highly of the culture. All staff we spoke with confirmed that the needs and experience of their patients was at the centre of the service.

There was strong collaboration, team-working and support across all departments and a common focus on improving the quality and sustainability of care and people's experiences. For example in response to feedback from patients and relatives that the nursing station was not attended at bury periods a rota was introduced to ensure that a ward clerk was available to answer any questions and escalate concerns improving people's experience during their stay.

Staff told us they could raise concerns without the fear or reprimand, and they were confident action would be taken as a result. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. The hospital leader demonstrated an openness to challenge, proactive investigation and appropriate escalation and sharing of improvement.

Staff had access to independent freedom to speak up guardians to express any concerns outside of their immediate teams if they needed to. The hospital had a freedom to speak up guardian, who fed into the national corporate guardian.

Staff morale was good despite the pressure that staff had been under as a result of the pandemic. Staff we spoke with confirmed they felt valued and well supported by colleagues and managers within their roles. Many described their colleagues as being like a family. Managers told us that they were proud of the staff for their commitment and team work to meet the needs of patients and the service.

The hospital had staff awards, staff members and teams could be nominated for an award by patients and other staff members for going the extra mile for patients in their care. Most of the areas we visited had been nominated for an award either as a team or individual who worked in the area.

Managers supported staff's mental health and wellbeing. There was a room allocated every day as a safe space where staff could go if they needed to take some time out. The provider offered an employee assist line offering personal assistance and wellbeing support to all staff. Staff told us that managers were supportive of health and wellbeing and they felt comfortable raising concerns about their own wellbeing. One member of staff told us that staff at the hospital had been a great support to them when they had experienced a personal challenge.

Governance

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

There was a robust and effective governance structure, processes and systems of accountability to support the delivery of good quality service and monitor and maintain high standards of care.

The service had effective data collection processes, which provided the management team with service level assurance. This included a variety of meetings and working groups that fed into committees for oversight. They hospital held three monthly (quarterly) clinical governance meetings and monthly clinical effectiveness meetings. We reviewed three sets of meeting minutes and saw that they were well attended by the representatives from the senior leadership team, hospital managers and clinical leads. Agenda items included clinical governance, quality, risk, compliance and audit. All levels of governance and management worked effectively together.

Heads of department shared information during staff handovers and team meetings. Managers told us that they communicated important information at team meetings with staff and by email or the staff notice boards, for when staff were unable to attend ward meetings or had been on leave. A monthly governance newsletter and monthly clinical dashboard was sent to all staff, so that everyone knew the key areas of focus for the month. The hospital produced a quarterly clinical governance report which outlined incidents

There was a medical advisory committee (MAC) which met quarterly with responsibility for surgeon performance and surgery specific matters. The medical advisory committee (MAC) had oversight of audit results, complaints and incidents which were routine agenda items.

Incidents and themes were reported and discussed at the team meetings, clinical governance meetings and monthly clinical effectiveness meetings, medical advisory and health and safety committees.

Good

Surgery

There was a robust programme for internal audit to monitor compliance with policies and processes. Audits were completed monthly, quarterly and annually as per the providers audit schedule. Results were monitored by the local, regional and national management team. Results were shared at relevant meetings including the hospital team and clinical governance meetings.

Management of risk, issues and performance

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

There was a demonstrated commitment to best practice performance and risk management systems and processes. The hospital reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.

There was a clear and effective process for identifying, recording and managing risk. Risks had been identified and recorded on the register. The hospital used a red, amber, green risk rating system, to indicate the high, medium and low risk. Each risk had a rating on entry to the register and a rating once mitigations were in place. All risks had a review date, a named owner, and an action plan.

Departmental risks were discussed at heads of department meetings held weekly and escalated as required to monthly senior leadership meetings.

The hospital had a dedicated risk champion and risk was a monthly agenda item for hospital meetings.

Managers monitored performance against internal key performance indicators. The hospital was able to monitor their performance against key performance indicators and compare the results with other hospitals in the provider group.

The MAC discussed hospital risks during the meetings every three months. We reviewed the MAC meeting minutes which demonstrated these discussions had taken place.

The hospital held daily “beat” meetings ensuring that the leadership team were involved in the daily delivery of the service. The meeting ensured that all departments had planned effectively for the day’s activities and were up to date on any key safety information. We attended this meeting whilst on inspection. It gave a clear overview of the hospital’s activity for the day including activity scheduled, safe staffing and at-risk patients

Information Management

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

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff across the hospital accessed information from the hospital intranet which included policies and national guidance. Staff knew how to access information through the intranet in each of the areas we visited.

Good

Surgery

An encrypted email service was used by the hospital for sending confidential information. All consultants employed under practising privileges who removed notes off site were registered with the Information Commissioner's Office. This was a requirement of their practising privileges.

The hospital used written patient records. We observed that staff stored this information securely either in locked offices or secure notes trolleys when they were not in use.

Theatres held records with information about the use of implants and traceability. Managers used the electronic patient records for audit purposes and to monitor the completion of the World Health Organisation (WHO) five steps to surgical safety.

The hospital submitted data to The Private Healthcare Information Network (PHIN) as required by the Competition and Markets Authority.

Engagement

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

The hospital held engagement meetings with local NHS providers and the public. This included presentations for patients. The hospital offered a varied training programme to local GPs. This continued to be offered virtually throughout the pandemic.

The service held team meetings monthly although this had been more difficult to maintain throughout the pandemic. A number of team meetings were conducted virtually which some staff stated they preferred as it made attendance easier. Staff told us at there was excellent teamwork and engagement.

Staff surveys were held annually. The 2021 survey had an 79% response rate. 95% of staff said that they were proud to work for the provider. 90% said they had the opportunity to do what they do best every day. The hospital had the best staff survey outcomes across the provider for the second year running with an overall staff engagement score of 95%.

The hospital had staff awards where staff and patients could nominate individual staff members or teams for going the extra mile. Staff we spoke with told us about these awards and several staff members told us their team had been nominated for an award. During December 2021 the hospital was running Hartwood heros where staff recognised the support and work of their colleagues.

The hospital had a patient experience committee to gain feedback from patients.

The service participated in the hospital's patient survey. Patients and their relatives could provide additional feedback through links on the hospital's public website. The public website also provided information and news about the hospital and the provider for service users.

Learning, continuous improvement and innovation

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

Good

Surgery

The hospital recently introduced and electronic pre- operative assessment system which supported patient choice and empowered patients to be involved in all stages of their pre-assessment.

Leaders were committed to continually learning and improving the service. This was demonstrated on the day of the inspection in the response to our challenge relating to the inclusion of surgical tape in the surgical count. Not only were leaders open to challenge but were proactive resolving the question, investigating both internally and with other Spire hospitals. Actions were implemented and learning shared across all locations for this provider.

The hospital was introducing an electronic basic life support (BLS) training system for both adult and paediatric life support. This system would improve access to training and provide managers with information if staff required any additional support or training.

The hospital had a number of dignity champions who were working at improving the patient experience during their time in the hospital. They reviewed the patient journey and assessed where improvements could be made to better protect patient dignity. For example, they had identified that there could be an improvement in the gowns certain patients wear when undergoing diagnostic imaging.

The hospital management had recently appointed a breast nurse specialist to enhance and improve the pathway and experience for patients admitted for reconstructive surgery.

Good

Outpatients

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

Are Outpatients safe?

Good

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Staff completed training online and in person depending on the type of training. Staff completed mandatory training activities at induction, annually and updates when required. Training for staff included fire safety, health and safety, information governance and manual handling.

Medical staff were employed with practising privileges, which meant they were permitted to work at the outpatient department and the NHS. Their training was completed at their NHS job and they provided evidence of completion at appropriate intervals to evidence updates and compliance.

Training compliance was reported as 98% for all staff by the end of the training year in March 2021. This was above the hospital target of 95%. The service documented their training year from April to March and training modules were reset for annual refreshers on 1 April of every year. Staff mandatory training compliance figures at December 2021 were 92% which was within target.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were supported in achieving specialist mandatory training for example, phlebotomy training. Core staff involved in working with children and young people received specific training, for example, adult and children and young people resuscitation training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The alert system meant that staff completed their training at regular intervals to support compliance.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Training records showed 94% of staff completed annual safeguarding adults training and 88% of staff had completed annual safeguarding children training at December 2021. Any outstanding training was managed appropriately. All clinical staff were trained to level three and the safeguarding leads trained to level four. Those working under practicing privileges provided evidence of compliance with their training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff demonstrated a good understanding of safeguarding adults and children, including, how to identify those at risk of, or suffering harm from abuse or neglect. Staff could access an up to date safeguarding policy that outlined procedures for managing and dealing with safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A safeguarding lead supported staff in identifying and raising safeguarding concerns, this helped with a consistent approach. Staff understood the processes in place to escalate safeguarding concerns to their manager or lead who acted in line with the local safeguarding policies and procedures.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff spoke with confidence about actions they would take to safeguard patients from harassment and discrimination. The hospital had policies in place which set out the expectations of staff.

Staff followed safe procedures for children visiting the department. Parents or chaperones accompanied children and there was a designated area separate from adults. Staff spoke with us about processes for children and young people who were regular attenders and how to follow up children who did not attend to help keep children who visited the department safe.

Cleanliness, infection control and hygiene

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

A dedicated infection prevention control lead supported staff in ensuring good infection prevention control standards. Staff used an up to date infection control policy to help control infection risk. Additional protocols that were updated in line with national guidance were in place in response to the pandemic. There were visible adaptations to the environment following patient feedback, for example seating dividers to help people feel safe while they were sitting in the waiting area. Staff, patients, and visitors who attended the hospital followed clearly defined instructions to limit the risk of cross infection, for example one-way systems, hand sanitising products and removal of items to reduce cross infection.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff completed mandatory infection prevention and control training and audits were completed to assess compliance. All audits looked at showed 100% compliance. The service employed an infection prevention control lead to oversee infection prevention control and ensure systems and processes were in place to maintain standards. Staff wore PPE in line with guidance. Face masks were worn throughout appointments and all visitors were requested to wear face masks unless they were medically exempt. Staff prompted all visitors to sanitise their hands and to use a fresh mask on arrival.

Good

Outpatients

Environment and equipment

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

The hospital was accessible to those with mobility aids and had adequate car parking for visitors and staff. The reception area was manned during opening hours to check in visitors. All appointments were ground level.

There were fifteen consultation rooms and two treatment rooms used for minor operations and specific procedures for example a phlebotomy room. There was an audiology booth however it was in the process of being refurbished to ensure it followed guidance to allow for restrictions during the pandemic.

Staff carried out daily safety checks of specialist equipment. Each room that held equipment had a folder containing photographs of each piece of equipment, with detailed information and checklists to ensure any member of staff knew and understood the function of the equipment and who to contact in the event a replacement or fault. Equipment was checked and signed off at appropriate intervals by staff and they could access replacement equipment as required.

The service had suitable facilities to meet the needs of patients' families. Patients could be accompanied; however, this was discouraged due to COVID-19 and social distancing. The waiting areas were set out in line with social distancing guidance and bigger treatment rooms were suitable to accommodate carers if needed. All areas were wheelchair accessible.

The service had enough suitable equipment to help them to safely care for patients. Staff could easily access resuscitation equipment across all areas. All staff understood their responsibilities and took turns in completing checks. Staff checked all contents daily including checking suction and the defibrillator.

Patients were encouraged to attend on their own due to COVID-19 and social distancing. The waiting areas were separated into child friendly and adult areas. Each seat had a screen to provide some protection from COVID-19. All areas were wheelchair accessible.

Staff disposed of clinical waste safely. Waste was safely stored, labelled, and removed from clinical areas at regular intervals.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Patients attending for outpatient appointments were generally fit which meant they did not routinely have clinical observations performed. However, where observations were required, we saw appropriately completed evidence-based assessments and observation forms.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff used the National Early Warning Score (NEWS2) tool to monitor clinical observations. Patients who required an assessment were reviewed and baseline clinical observations completed. These observations included blood pressure, pulse rate and temperature. These were used to inform decisions made about the patient's clinical condition and plan their treatment.

Staff knew about and dealt with any specific risk issues. All records we looked at demonstrated completed assessments and monitoring tools for risk. For example, patients with a medical history of blood clots were assessed for anticoagulant therapy to prevent reoccurrence post treatment. Venous thromboembolic (VTE) assessments were completed on all patients as part of the preparation for surgery.

Patients with planned surgery or minor procedures were reviewed by the preadmission clinical team who carried out baseline observations. Patients who presented with elevated risk or complications that could not be safely managed by the hospital were referred to an appropriate NHS hospital. We saw evidence in care records and in discussion with patients that appointments were scheduled with adequate time to discuss treatment, risks, and side effects.

Patients with known mental health conditions were supported by staff who knew how to access support if there were any concerns. The hospital had a psychologist with practicing privileges who was accessible to staff and patients who needed support. Staff were trained as mental health first aiders and told us that this helped them support staff and patients and their families should they need to.

Patients who presented for cosmetic surgery were given relevant detailed information and a suitable amount of time for reflection should they wish to not go ahead. Staff shared with us the importance of cost transparency to enable patients to make informed decisions.

Staff shared key information to keep patients safe when handing over their care to others. Following patient appointments, information was shared with those responsible for completing the patient's care pathway. Patient notes were clear with detailed discussions and clinical findings. All patient notes were held centrally and securely in portable trolleys which meant they could be transported securely to different departments.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Managers used an electronic staffing tool that helped allocate appropriately qualified and skilled staff depending on clinical need. Managers had the flexibility to employ additional staff if required, for example, where there were complex additional patient needs. Data provided demonstrated no unfilled shifts from January 2021.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Clinics were planned alongside staffing requirements. Daily management calls discussed staffing and clinical need to ensure the correct staffing was available to meet the needs of patients. Managers told us they could access additional staff from other sites and that they used bank staff who were familiar with the service for continuity and safety.

The number of nurses and healthcare assistants matched the planned numbers. Staffing rotas demonstrated that the numbers of staff on duty were as planned and the system clearly showed where there were gaps and how they were filled.

The service had low vacancy rates. Data provided from January 2021, showed that there were no vacancies within the service.

Good

Outpatients

The service sickness rates did not impact on staffing capacity. Data provided showed a sickness rate of 6.9% for clinical staff and an annual turnover of 0.36%. Managers covered sickness appropriately and reported all shifts had been covered.

The service had low rates of bank staff and did not use agency nurses.Managers limited their use of bank staff, all of whom were substantively employed, therefore received a full induction and were familiar with the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. Consultations and appointments were arranged according to the doctor's availability. The booking team were able to plan appointments well in advance for consultants who held regular clinics. Others provided smaller, less frequent clinics determined by patient need. We saw that medical staffing matched the planned number. Staff reported that there were no occasions where clinics could not be accommodated.

An administrative team were employed to ensure strict recruitment and ongoing compliance monitoring processes were in place to employ doctors who worked under practicing privileges. Most doctors working under practicing privileges were employed by the NHS and completed training and revalidation through their host organisation. The service ensured compliance with these as part of annual reviews. For those with a wholly private practice, their designated body was responsible for ensuring all training and revalidation processes were adhered to.

Records

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

Patient notes were comprehensive, and all staff could access them easily. All patient records were paper form and kept centrally for ease of access. They were stored securely in locked cabinets and only those with permission could access them.

Records were stored securely. A newly acquired portacabin increased storage capacity and allowed the service to hold three months of medical records. We saw that some portable locked notes cabinets were left in corridors, however, staff were nearby in the nurses' station. Patient notes were transported between departments securely in locked cabinets.

Staff on reception managed clinic lists to track patient appointments and ensure they were seen in a timely manner. The reception desk was always manned, and computer screens faced away from the waiting area to prevent unauthorised access or viewing of patient information.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Minimal medicines were used within the service. Staff with approved access privileges held codes to access keys for medicines. Medicines were stored securely and checked in line with best practice when used.

Good

Outpatients

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We looked at ten patient prescription records and saw that there were pharmacy reviews recorded. Staff told us that changes to medicines were explained and we saw discussions in records. We observed a patient appointment and saw effective communication in relation to medication options including alternatives, side effects and limitations of medication choices.

Staff stored and managed all medicines and prescribing documents safely. Medicines were always stored appropriately and securely. Room temperatures and fridge temperatures were monitored daily and we saw no gaps in records. Staff told us there was an escalation process in place if temperatures were outside range.

Staff followed national practice to check patients had the correct medicines when they were admitted. Staff followed current national practice to check patients had the correct medicines. Records showed that medicines were checked by two practitioners prior to dispensing.

Incidents

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

Staff knew what incidents to report and how to report them.Staff used an accessible electronic reporting tool which was password protected for security. Data provided showed that incidents were reviewed and investigated in a timely manner.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers met daily and discussed incidents. Managers shared those discussions with staff to discuss the feedback and look at improvements to patient care. Staff attended team meetings to discuss incidents to learn lessons and make improvements. Information and feedback were also shared through secure social media groups, emails, and newsletters. We saw shared learning from deaths from other provider hospitals were discussed at medical advisory group meetings.

Staff met to discuss the feedback and look at improvements to patient care. Managers shared incidents at meetings, including daily huddles and clinical audit and effectiveness committee meetings to ensure timely actions were completed and learning shared. Staff prepared shared learning reports with key learning points.

Are Outpatients effective?

Inspected but not rated

We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance

Good

Outpatients

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.We looked at several policies that reflected up to date best practice and had set review dates to ensure they were updated as needed. Staff discussed and recorded policy updates based on the centrally produced Safety Bulletin and National Institute for Health and Care Excellence guidance at clinical audit and effectiveness committee meetings.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patient records demonstrated where pain management was discussed. We observed clinic appointments where doctors discussed pain relief, alternatives, and limitations. Outpatients were not routinely given pain relief, unless undergoing a procedure where pain relief was indicated. Patients received pain relief in a timely way.

Patients records showed ongoing pain needs were discussed and appropriate referrals for ongoing treatment made.

Patient outcomes

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

The service participated in relevant local clinical audits. Staff participated in Patient Reported Outcome Measures (PROMS) and venous thromboembolism audits. Staff compared their audit findings with the wider Spire group and national figures. We saw recorded in clinical governance meeting minutes that outcomes for patients were variable. Staff were tasked with identifying best practice to share with the clinical governance meeting attendees.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They delivered a comprehensive and wide-ranging audit plan for 2021. The plan included resus trolley audits, patient safety and quality review audits, children and young people consent to treatment audits, several pharmacy audits and physiotherapy audits.

Managers used information from the audits to improve care and treatment. Managers attended monthly clinical audit and effectiveness committee meetings and clinical governance meetings where they recorded, reviewed, and shared updates about audits and feedback from other meetings. Managers discussed and recorded were they identified necessary improvements. Staff used findings from audits to make changes, for example, we saw recorded introduction of training to improve assessment of VTE and to provide access to appropriate devices to reduce patient risk.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were employed based on their skill set and qualifications to ensure the needs of patients were met.

Managers gave all new staff a full induction tailored to their role before they started work. The local induction included service orientation to ensure staff were familiar with the environment and processes used by the service.

Good

Outpatients

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they had an appraisal within the last year. The appraisal rate for the service was reported as 100%. This meant all outpatient staff had a meaningful appraisal to help them improve performance. For example, identifying gaps in knowledge and skills and supporting training opportunities to improve standards of care for patients.

Medical staff revalidation was completed at the host organisation. An administrative team ensured revalidation information was received, completed and up to date to ensure compliance. Medical staff with out of date revalidation were not permitted to work until they were compliant. Dedicated administrative staff and leaders had processes and systems in place to monitor compliance.

The leadership team supported the learning and development needs of staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meeting records demonstrated good attendance by staff. Meeting records were shared electronically to staff to enable access and we saw hard copy records on the wall in staff areas.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they had protected time to complete additional training to support their development. Managers supported specialist training to improve skills and competency. Staff gave us examples of additional training that supported their development to provide quality care to their patients.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary (MDT) staff worked together to ensure appropriate patient pathways. Staff attended regular MDT meetings to discuss patient pathways. Outpatients, where assessed as appropriate were referred for treatment at the hospital. Staff we spoke with told us that as members of the MDT they felt heard and valued for their contribution when planning care.

Patients could see all the health professionals involved in their care at one-stop clinics. Patients could attend their appointment and be referred to another department for further tests. For example, blood tests and swabbing to prevent repeated attendances.

Seven-day services

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

Staff could call for support from doctors, other disciplines and diagnostic tests.

Outpatients could access the pharmacy department Monday to Friday 9am to 5pm and on Saturday 9am to 1pm. The pharmacy opened during these hours. Pharmacy advice was in place when the pharmacy on site was closed.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

Good

Outpatients

Health promotion displays with promotional material were in the waiting area. Patient information included healthier lifestyle patient information leaflets such as alcohol awareness and stopping smoking. Laminated copies were displayed in the waiting area and reception staff distributed copies on request due to the pandemic.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. All ten records we looked at had consent recorded, dated, and signed. Clinical staff outlined clinical procedures and treatments and ensured patients were clear about what they were consenting to.

Are Outpatients caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients were allocated enough time with staff to ensure thorough opportunities were given to discuss care and treatment options.

Patients said staff treated them well and with kindness. We spoke with nine patients and one relative who told us that they had good/excellent experiences in the service.

Staff followed policy to keep patient care and treatment confidential. Staff kept patient information secure and confidential. Doctors secured medical notes in consultation rooms keeping patient information away to avoid being seen by other people. Patient lists were kept out of public view. Discussions were held in rooms where people could not be overheard.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients were discouraged from bringing companions with them to their appointments due to COVID-19. However, staff considered each patient individually and made exemptions for those with recognised anxieties.

Good

Outpatients

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff were trained to deliver difficult information and understood the importance of empathy when sharing difficult information. Nursing staff could accompany doctors when holding difficult conversations to provide additional support.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff displayed kindness and empathy when discussing difficult patient treatments and conditions. We observed this in a clinic where a doctor described limitations of treatment in a kind and empathic way. We saw staff interactions with patients were kind and caring.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff told us they clearly discussed treatment with patients and their relatives. Staff could extend appointments to ensure additional time was given if needed to explain things further.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff told us they avoided jargon and used plain language to ensure patients understood their treatment plans. Staff displayed friendly and considerate behaviour when speaking to patients and their relatives.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback post boxes were available in patient areas. Feedback information was collected about patient experiences and used to make any changes to the service. For example, patients fed back that they would like individual chairs in the waiting room to be separated using a barrier and as a clear result barriers were installed.

Patients gave positive feedback about the service. We looked at the friends and family test feedback for the service over 2021 and saw 96% of people who responded said the service was very good and on average 90% of people said they would likely choose the hospital as their first choice should they need to visit the hospital again.

Are Outpatients responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The pandemic created an increase in service user activity. As a result, clinics had been increased to improve timely patient access to clinics.

Good

Outpatients

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Patients attending outpatient department could also have blood and swabs taken and diagnostic imaging were available on site along with a pharmacy which provided prescription and non-prescription medicines.

Facilities and premises were appropriate for the services being delivered. Patients had access to a comfortable seating area. Children and young people had a separate area to wait with age appropriate reading material and entertainment.

Patients were greeted by staff and taken to their appointment room; however, they could easily navigate the environment following clear signage. For example, clear signposting to the physiotherapy department.

Patients, clinicians and chaperones could be accommodated in consultation rooms. Each consultation room had an examination couch to conduct physical examinations in the same room. Privacy curtains surrounded each examination couch to preserve dignity. Chaperones were offered and could accompany any patient who required a physical examination if requested.

Managers monitored and took action to minimise missed appointments. Patients were sent appointment reminders and were offered flexibility to suit their personal circumstances to keep missed appointments low.

Managers ensured that patients who did not attend appointments were contacted. When patients missed an appointment, the team would contact them to offer a convenient alternative.

The service relieved pressure on other departments when they could treat patients in a day. Clinical procedures followed a consultation appointment and were scheduled to be completed within seven days or at a convenient time to allow the patient time to organise their personal commitments.

Meeting people's individual needs

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

Staff supported patients living with dementia and learning disabilities. The hospital was dementia friendly and had been recognised with an award for their work to make the hospital a dementia friendly environment. Staff were trained as dementia friends and staff proudly talked of their commitment to supporting patients with additional needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients were provided with an adapted approach to meet their own specific needs. Staff were mindful of sensory needs and could adapt to meet those needs, for example, using a quiet area when it would benefit patients.

The service had information leaflets available in languages spoken by the patients and local community. Interpreters or signers where available when needed. Relatives were not used as translators. Telephone interpreters were used if an interpreter could not attend appointments.

Consultation and treatment rooms were suitable for patients attending with mobility aids. Toilet facilities were accessible for those with mobility aids including wheelchairs. There was ample disabled parking close to the entrance.

Good

Outpatients

Access and flow

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

Managers monitored waiting times for outpatients. Service wide wait times were provided, and we saw that most private patients were seen within seven days. The longest wait was for psychology which was a five week wait and a three week wait for face to face dermatology.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Patients had some flexibility in when they could see a consultant. The team managed NHS referrals received from GPs via the Electronic Referral System (ERS). This was known by patients as 'Choose & Book'. This process meant NHS funded patients who were referred to a consultant could choose where they wanted to receive treatment.

The service supported neighbouring NHS trusts to reduce their waiting lists by accepting patients who had waited more than 18 weeks for an initial consultation.

Managers and staff worked to make sure that they started discharge planning as early as possible. Staff discussed discharge plans as part of the consultation process. Staff informed patients of what to expect, for example, how many nights stay to expect, the expected recovery period and any impact on their wellbeing. For example, following surgery, they were provided with follow up appointments including physiotherapy.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Posters were displayed, feedback forms and post boxes were provided for feedback about the service. The service website also provided an opportunity to raise concerns. We saw examples of patient feedback resulted in change. For example, patients reported difficulty getting echocardiogram results. As a result, more clinics and additional staff were put in place to address this. We saw this feedback and change displayed on the 'You said – We did' board.

Staff understood the policy on complaints and knew how to handle them.Staff escalated concerns to a senior member of staff. We attended briefings where staff discussed concerns and they were shared with staff at daily calls, team huddles, email, WhatsApp groups and briefing sessions to ensure all staff were aware of events and any lessons learned.

Managers investigated complaints and identified themes. Staff used an electronic reporting system to raise concerns and share complaints. The system automatically prompted a management response and review before proceeding to next stages. We saw that managers collated themes and shared learning with staff. We looked at data provided and saw there were a small number of complaints in the year for the department. Each complaint was investigated and feedback with learning and improvements were shared with staff.

Good

Outpatients

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Patients were responded to in a timely manner with the outcome of complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff were provided with complaint learning reports which demonstrated examples of how complaints were investigated and the learning outcomes that were shared with staff. Managers discussed complaints daily at their morning meetings, at clinical effectiveness and audit committee and clinical governance meetings. Staff received a clinical governance newsletter which documented learning and changes to practice. For example, a theme relating to manner and a message reminding staff of communication style and manner. In addition, following a patient complaint about lack of clarity on the cost of treatment, the department devised a new booking form which more clearly informs patients of the cost of treatment.

Are Outpatients well-led?

Outstanding ☆

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

Leadership

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

The service was overseen by a senior leadership team compromising of a hospital director, director of clinical services, business development manager, finance manager, deputy director of clinical services, theatre manager and operational manager. The outpatient service was further supported by the outpatient's manager who provided departmental leadership.

Staff told us the leadership team were visible and approachable, that they felt supported and confident in their skills as leaders. Staff referenced specific leaders as being exceptional. Staff and leaders displayed respectful and friendly interactions. We saw a dynamic, engaged leadership who empowered staff to deliver innovative sustainable care.

Leaders supported staff to work together as one team to provide the best care for their patients.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The outpatients leadership team contributed towards the outcomes set out in the service strategy. The service followed a 90-day strategy plan, this meant it was regularly reviewed against the objectives. Among the key objectives were patient safety, patient engagement, medical standards and being the hospital of choice.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.

Good

Outpatients

Staff spoke positively about working in the department and for the organisation. Staff collaborated with colleagues to ensure positive patient experience.

Staff felt comfortable raising concerns. Staff told us they felt heard and that action would be taken if they raised concerns. Staff had access to freedom to speak up guardians. We saw that clinicians discussed their commitment to attend freedom to speak up guardian meetings and staff told us they how to raise concerns using the guardians.

Staff spoke proudly of a staff reward system called 'Spire for You'. Staff nominated colleagues for going above and beyond. Nominated staff received a voucher of their choice. We observed ' The Beat' which was a daily meeting were staff received 'shoutouts' for best practice. Staff told us this practice made them feel valued.

Governance

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

Staff had access to a developed governance structure. Governance meeting minutes demonstrated good attendance across disciplines and fed into committees. For example, clinical effectiveness and infection control meetings fed into the health and safety and clinical governance committees. This enabled the escalation of any issues or concerns to the senior leadership team and from the 'floor to board'. Each of the three committees reported into the senior management team meetings and the wider organisation to ensure standardisation. We saw that each meeting had clearly recorded actions.

Medical advisory committee meetings were held quarterly and attended by the senior leadership team and a selection of consultants from each speciality. Staff who attended the meetings reviewed performance, safety issues, risk register and learning from incidents across the organisation.

Records from meetings evidenced approvals to review, update and replace policies, forms and templates at regular intervals.

The governance lead had oversight of all risks, incidents, complaints, as well as operational governance such as policy reviews. Staff produced a quarterly performance report highlighting governance issues such as compliance with targets and audits, actions relating to serious incidents, infection control rates, and patient satisfaction scores. The senior leadership team discussed governance and performance in meetings to agree improvements and actions.

Management of risk, issues and performance

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

Staff used a comprehensive audit programme to monitor compliance against standards. Staff were allocated a specified number of audit reviews each month. In addition to the outpatient specific audits, staff completed the infection control and prevention audits, such as cleanliness, asepsis, hand hygiene and sharps audits. Leaders reviewed the audits, recorded outcomes, and shared learning at monthly meetings.

Staff recorded identified risks on the clinical risk register. Staff graded risks according to their potential for harm. Risks recorded as significant were added to the hospital risk register. Managers discussed risks on the clinical risk register at regular intervals. For example, we saw recorded the response to risks relating to the number of suitably qualified resuscitation staff due to lack of face to face training.

Staff used a dashboard to compare performance indicators locally and across the Spire group. We saw that performance for outpatients was within target. For example, risk assessments in outpatients was reported as completed 100%, against a target of 95%.

Leaders produced business continuity plans for each department to help them plan for emergencies. For example, we saw the physiotherapy department continuity plan listed essential service risks such as virtual appointment systems going down and actions they would take to mitigate against the risk. These were reviewed annually and updated where appropriate.

Information Management

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

Staff had access to secure information systems to help them record, analyse, compare results and identify trends. Staff submitted information on their systems to share where appropriate with colleagues internally and externally. For example, submissions to clinical commissioning groups to ensure compliance and meet standards.

All staff were trained in General Data Protection Regulation (GDPR) and information governance and understood the importance of information security.

Engagement

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

People who used the service were encouraged to complete friends and family satisfaction surveys. Data provided demonstrated a good or very good experience, which was in line with the organisations average. The survey results showed 96% of people who responded said the service was very good and on average 90% of people said they would choose the hospital as their first choice should they need to visit the hospital again.

Staff used closed social media groups to share information. Staff told us this was an effective way to keep up to date with changes or support for each other. Staff also received regular newsletters to keep them up to date with organisational updates and to share information.

Staff worked with the local health economy to benefit patients. We saw that the leadership team attended meetings with other leaders to ensure effective management of patient care and treatment.

Learning, continuous improvement and innovation

Good

Outpatients

Leaders celebrated innovation and encouraged continuous improvement for safety. For example, staff were enthusiastic to share a new approach to standardising equipment use and maintenance by clinicians. This model of working used visual and descriptive aides to support staff in their understanding and use of technical equipment.

Dignity champions worked in the department to improve patient experience while visiting the hospital. They reviewed the patient journey to see where improvements could be made.