Circle Health Group Limited

The Alexandra 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?	Good

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

However:

- The children and young people service was not always inclusive and did not take account of children, young people and their families' individual needs and preferences. Staff could not always make reasonable adjustments to help children, young people, and their families access services.
- Leaders and staff did not actively and openly engage with children and young people, equality groups, the public and local organisations to plan and manage services.

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.

Services for children & young people

Good 

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

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, 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 children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to support timely patient care.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to children and young people, families, and carers.
- The service planned care to meet the needs of local people 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 felt respected, supported, and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities.

However:

Summary of findings

- Leaders and staff did not actively and openly engage with children and young people, equality groups, the public and local organisations to plan and manage services.

The Children and Young People's service is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, effective, caring, and responsive and well-led.

Outpatients

Good 

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

- There were enough qualified, trained staff to deliver safe care.
- The service managed medicines safely and followed good practice with respect to safeguarding.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- Patients had access to a wide range of specialists. Managers ensured that these staff received training, supervision and appraisal.
- Staff worked well together as a multidisciplinary team and liaised well with local and regional providers to coordinate care.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- The service was well led, and governance processes ensured clinics ran smoothly.

Summary of findings

Contents

Summary of this inspection

Background to The Alexandra Hospital

The Alexandra Hospital is part of the Circle Health Group and is in Cheadle Cheshire. The hospital included seven main operating theatres and one hybrid catheter lab theatre, as well as a large recovery area, two inpatient surgical wards, a day care ward, dedicated children and young person's ward, a complex range of diagnostic imaging services, physiotherapy department, on site pharmacy, a five bedded level three/level two critical care ward, minor injury unit and outpatients.

It provided surgical procedures to both NHS and private patients.

The Alexandra Hospital has been registered since 1 May 2011. The current executive director has been the registered manager for the service since October 2021.

The service is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Surgical procedures

• Treatment of disease, disorder or injury

We previously inspected The Alexandra Hospital on 31 July 2019. We rated the hospital as good overall. The service was rated as good for being safe, effective, caring and responsive and was rated as requires improvement for well led. At the 2019 inspection there were two regulatory breaches.

How we carried out this inspection

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. We inspected surgery and outpatients which were rated as good and children and young people which was rated as requires improvement at the last inspection.

The inspection was unannounced. We carried out the on-site inspection on 9 and 10 December 2021.

During the inspection we visited all areas of surgical services including theatres, theatre recovery area, both inpatient wards, the day case ward and pre-assessment unit. We also visited the children and young people ward, the outpatient department, the diagnostic department, the GP led urgent treatment walk in centre. We spoke with a range of staff including registered nurses, health care assistants, assistant practitioners, medical staff, operating department practitioners and senior managers.

We spoke with 18 patients and their relatives. We reviewed 23 patients records and five medicines administration charts. We looked at a range of policies, procedures and other documents relating to the running of the service.

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.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

Outpatients

- Staff were empowered and supported to plan, pilot, and implement innovative new services that improved health outcomes for patients. This had included same-day cardiopulmonary exercise testing (CPET) in the cardiology service, digital gait analysis to support better long-term outcomes from hip replacements, and platelet-rich plasma (PRP) therapy for sports recovery.
- The nursing team had improved the availability and capacity of the ophthalmology service. A team had completed training in field analysis and barometric pressure readings that meant the service could expand and deliver care that was not solely reliant on consultants.
- The service had invested significantly in the gynaecology service to enhance support and care for women. This included nurse-led care and emotional support from senior healthcare assistants.
- A bariatric care service was one of only a handful operating nationally. This was an innovative, full-service care pathway that lasted at least two years and worked to improve patients' holistic and psychological needs in additional to medical support.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action the service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Children and Young People

- The service should ensure children and young people, and relevant external stakeholders are engaged in the development and planning of the service.
- The service should ensure that patient outcomes for children and young people are assessed, monitored and improved.
- The service should consider actively offering support to meet the individual needs of children and young people to promote living a healthier lifestyle.
- The service should consider implementing systems and processes in the diagnostic department to improve the experience of children and young people.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

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. Theatres closed monthly for staff to attend face to face training. Overall mandatory training compliance for theatre staff was 93%, on Stafford ward was 87%, on Lancaster ward was 99% and on Chester ward was 92%.

The mandatory training was comprehensive and met the needs of patients and staff. The monthly theatre training included skills and drills training; we saw the service had a planned theatre evacuation drill in January 2022. The provider had a training matrix which outlined the required training for each role and grade.

All staff above band six completed paediatric immediate life support training (PILS) and all health care assistants were supported to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care.

During the COVID-19 pandemic, staff had received face to face training on the wards from peers for example sepsis training or aseptic non touch technique.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Dementia awareness was included in mandatory training and compliance rates were 100% on Stafford, Lancaster, Chester wards and pre-operative assessment and 98% in theatres.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had access to an online learning space which outlined all the required training for their staff and any outstanding training requirements. They alerted staff when training was due or overdue.

Good

Surgery

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. Staff completed levels two and three adults and children safeguarding training. Compliance with level 3 adults training was 100% and with level three children training was 98%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff gave specific examples of when they had made safeguarding alerts to the safeguarding lead or local authority and the action taken.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service used an alert on the patient record to identify any safeguarding or concerns in relation to female genital mutilation (FGM). Staff carrying out pre-operative assessments had completed training in recognising and reporting FGM.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could access support from an on site safeguarding lead who was trained to level 4 safeguarding adults and children

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.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. All patients were cared for prior to and after surgery in single rooms, thus minimising the potential spread of infection.

There were sanitising gel dispensers at the entrance and exit of each ward and theatres and also located throughout each clinical area. We observed staff washing and sanitising their hands between patient interactions.

The service generally performed well for cleanliness. The hospital had an infection prevention control champion who undertook audits such as hand hygiene, uniform, and commode cleanliness. The three surgical wards had achieved 100% compliance on their weekly hand hygiene audits. The IPC champion also carried out a weekly ward walk around to inspect the areas and answer any concerns or issues.

The surgical wards had cleaning checklists which were completed and dated. There were bi-monthly IPC audits of all areas which showed strong compliance with IPC measures and controls and improvements where required. For example, Stafford ward had 91% compliance in June and August 2021, but this had improved to 100% compliance in October 2021 for the standard IPC precautions audit.

IPC audits also covered areas such as patient equipment, asepsis audits in theatres, hand hygiene and invasive devices. The theatre asepsis audit for October 2021 showed 100% compliance in all areas.

Staff used records to identify how well the service prevented infections. Ward managers told us that there had not been any incidents of methicillin resistant staphylococcus aureus (MRSA), escherichia coli (Ecoli) or clostridium difficile on the surgical wards in the last 12 months.

Good

Surgery

Staff followed infection control principles including the use of personal protective equipment (PPE). There was adequate supply of masks, aprons and latex gloves. We observed staff wearing the correct PPE, and donning and doffing before entering and on leaving a patient's room. We saw good adherence to social distancing in communal areas such as the restaurant.

Staff we observed adhered to the hospitals bare below the elbow policy. There was a suitable number of hand wash sinks on the surgical wards and the hospital had posters which displayed the correct hand wash technique. The hand wash sinks had elbow taps and there was adequate supplies of soap and paper towels.

The service used a 'green' pathway for all patients admitted or undergoing treatment. This meant all patients attended for a COVID-19 test prior to their procedure and self-isolated for 72 hours prior to coming into hospital. Where patients broke the self-isolation period their procedure was cancelled. Where patients were re-admitted for emergency surgery following their initial procedure, the service used an 'amber' pathway, which meant these patients were isolated from other patients until a negative COVID-19 test was received.

Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned. We observed staff cleaning using disinfect wipes. The hospital used 'I am clean' stickers once an area had been cleaned with the date of cleaning written on them.

Staff worked effectively to prevent, identify and treat surgical site infections. The service had no surgical site infections between August 2021 and November 2021. Staff reported any potential infections through the incident reporting system and monthly surveillance data was submitted to leaders by the infection prevention and control lead. The lead could access advice and support from organisational microbiologists and the head of infection prevention and control.

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. There was a call bell in each patient's room and two emergency pull cords in each toilet, these cords were in suitable place for a patient to reach if they had a fall. Patients we spoke with confirmed staff responded quickly if they pressed their bell.

The design of the environment followed national guidance. The surgical wards were suitable and the staff looked after them well, the areas we observed were clean and tidy. All patients were cared for in single rooms with ensuite facilities. All clinical areas were secure and could only be accessed through use of an electronic key card.

At the entrance to each ward there was a notice board, which displayed staffing numbers for that day, it also gave the names of the staff on duty. There was a safety thermometer on the board which highlighted the wards had not had any falls or pressure ulcers in the last 12 months.

A fire inspector had reported on the fire doors within theatres and there was a fire door replacement plan in place. The service checked ventilation in all theatres prior to the COVID-19 pandemic and they had a portable air handling unit for use in the anaesthetic room if needed.

Good

Surgery

Staff carried out daily safety checks of specialist equipment. There were resuscitation trolleys on all the surgical wards we visited, each trolley was clean and secured. There was a checklist for both daily and monthly checks of equipment, this had been filled out appropriately. We checked emergency equipment in theatres and found all appropriate equipment was available and in date and had been checked daily by staff.

As well as daily checks of the resuscitation trolleys the service also tested the bleep system used to call for help in an emergency each day.

The service had suitable facilities to meet the needs of patients' families. There was a family room located on each surgical ward.

The service had enough suitable equipment to help them to safely care for patients. The hospital had bariatric equipment available such as hoists, beds and weighing scales. Each resuscitation trolley also contained a 'grab bag' which included the personal protective equipment needed by staff in case of an emergency.

The service had developed a risk structure and competencies for staff using medical devices that were previously covered by 'grandparent' training. Staff competencies checks for this equipment were included as part of the monthly theatre training day.

We observed that electronic testing had been carried out in October 2021 and was to be renewed in October 2022.

There were clearly signposted fire exits on all the wards we inspected, the wards had evacuation slides and chairs to move patients in an emergency. Each ward had fire extinguishers which had been serviced in the last 12 months

Staff disposed of clinical waste safely. There were clinical waste bins in all the wards which were not overflowing, there was posters directing staff how to dispose of clinical waste appropriately.

Each surgical ward had a clean and dirty utility room. The clean utility rooms were used to store medicines and medical equipment and had a lockable door which had a pass code. The dirty utility was used for the disposal of clinical waste, each wards' dirty utility was clean and well organised.

In theatres, a 'dirty' corridor was maintained which clinical waste was taken through for disposal. We saw staff adhering to good practice in the disposal of clinical waste in theatres.

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 carried out observations using national early warning scores (NEWS). We reviewed completion in six patient records and all observations were completed, scored correctly and escalated where appropriate.

The service could access support from an intensivist service which ran 24 hours a day, seven days a week for any patient who was deteriorating. This is a team of staff who have trained to care for very ill patients. There were resident medical officer grade doctors on site 24 hours a day, who could respond to emergencies and deteriorating patients.

The service had access to 24 hours a day, seven days a week adult and children's resuscitation team.

Good

Surgery

Staff had access to the equipment needed to respond to patients with suspected sepsis on each ward. Staff completed sepsis training as part of the care and communication of the deteriorating patient training programme.

During our inspection we observed theatre processes including implementation of the World Health Organisation (WHO) surgical safety checklist five steps to safer surgery. We observed comprehensive completion of all aspects of the WHO checklist for those procedures observed.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The pre-operative assessment team carried out pre-operative risk assessments and diagnostic test for all patients. This could be face to face or by telephone appointment dependent on patient need. There was also a dedicated bariatric pre-operative clinic for patients with a high body mass index. The pre-operative assessment team organised COVID-19 tests for patients prior to admission.

Managers audited the quality of pre-operative assessments and in the most recent audit in September 2021 had found 96% compliance with pre-operative process and documentation.

There was a pre-operative assessment policy which clearly outlined the admission criteria for patients and gave guidelines on when patients may not be suitable for surgery based on clinical factors, underlying conditions and psycho-social indicators.

All patients were assessed using the American Society of Anaesthesiologists (ASA) physical status scale and any patient with a grade above one, seen by an anaesthetist prior to admission. ASA grades are a simple scale describing a person's fitness to be given an anaesthetic for a procedure. The service was in the process of setting up a twice weekly anaesthetist led pre-operative clinic

Staff knew about and dealt with any specific risk issues.

At pre-operative assessment staff completed a dementia risk assessment for all patients aged over 65. For all patients over 75 years old they completed the Edmonton Frailty Scale.

Physiotherapists and occupational therapists completed pre-operative risk assessments for all patients undergoing joint replacement surgery.

Staff completed VTE assessments for all patients at their pre-operative appointment. These were then reviewed again on admission. VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein.

Staff completed falls risk assessments and care plans for all patients during their pre-operative assessment. Following our inspection, the service provided information to show staff could access specialist falls prevention equipment and this could be ordered in advance of admission. Staff told us patients assessed as at high risk of falls would be placed on therapeutic observations.

We reviewed seven patient records and saw all nursing risk assessments such as falls, pressure care and nutritional status were completed and had associated care plans.

The recovery area included a bay for children and there was a paediatric nurse in the recovery room at all times when it had children in.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. The pre-operative assessment policy directed staff to seek advice and support from mental health providers for patients presenting with acute episodes of mental ill health.

Staff shared key information to keep patients safe when handing over their care to others. We observed a handover in the recovery area between the anaesthetist and recovery nurse, they communicated well and shared all key information to care for the patient including any concerns.

Shift changes and handovers included all necessary key information to keep patients safe. We observed a handover and safety huddle in theatres**,** all staff attended, and relevant information was shared.

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. Wards were staffed using a nursing ratio of one nurse to five patients. We requested but did not receive staffing fill rates for surgical services.

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. Theatre staffing was planned in line with Association of Perioperative Practitioner guidance and two scrub practitioners were used for complex or cardiac procedures.

The ward manager could adjust staffing levels daily according to the needs of patients. Managers told us they were able to access bank and agency staff to respond to any staffing shortages or increased acuity on the ward.

The number of nurses and healthcare assistants matched the planned numbers. During our inspection we saw planned and actual staffing numbers matched in all areas of the service.

The service had reducing vacancy rates. Managers had worked to address the high number of vacancies in theatres, which had reduced from 30 in 2020 to six at the time of our inspection. The service had also recruited staff from abroad.

Managers told us staffing for the cardiac theatre was a concern due to the number of bank staff used. However, they had recruited and were waiting for three new practitioners to start.

Turnover rate for the whole hospital in November 2021 was 18%. The average turnover rate for December 2020 to November 2021 was 16%. The service had low sickness rates. The sickness absence rate for the whole hospital was 5%.

Managers requested bank and agency staff familiar with the service. However, the hospital had increasing rates of bank and agency nurses.

Good

Surgery

The service provided bank and agency nursing figures for the whole hospital, therefore we could not be sure if bank and agency nurse use was increasing in surgical services. For nursing staff across the whole hospital 1739 hours had been filled by bank staff in June 2021 and 2842 hours in November 2021.

Theatres regularly used bank staff to ensure overall staffing met national guidance. However, managers told us they used the same bank staff who had worked in the service for a number of years and were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service. All bank staff used in theatres were paid to attend the monthly theatre training day. Bank staff were required to complete the same core mandatory training as substantive staff.

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough medical staff to keep patients safe. The service had three resident medical officers (RMO). There were two RMOs who worked on the day shift and one who worked the night shift on rotation to ensure the service had 24 hour seven days a week medical cover. Staff told us that the RMOs were easy to contact and did not have to wait long periods of time for medical assistance.

Consultants reviewed their patients regularly, if a consultant was sick or on annual leave, they would organise for a colleague to undertake the care of their patients, this was organised prior to their absence.

The service's RMO said they could contact the patient's consultant if they had any concerns and that consultants would review a patient even out of hours if needed.

Managers could access agency staff when they needed additional medical staff. If an RMO was off due to sickness the agency was able to provide another doctor to cover their shift.

The RMOs had an induction with the service which included policies and procedures, the bleep system, resuscitation procedures and fire safety. This was overseen by the head of department.

The service always had a consultant on call during evenings and weekends. Staff on the wards told us that consultants were easy to contact and that they would see a patient both during the day and out of hours if staff felt their input was needed.

Surgeons were responsible for ensuring they had an appropriate surgical first assistant during operations. The service had a bank of staff trained as surgical first assistants and had carried out risk assessments of procedures which were suitable for dual rolling.

The service did not use bank medical staff or locum doctors.

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. The service used paper based records and records we reviewed were clear, legible and fully completed. The service carried out audits of patient records and had identified areas for improvement. In November 2021 compliance with the health documentation audit was 86% and the service has identified a number of actions to improve documentation for example, using specialist nurses to support improvements to documentation in high turnover patient areas and spot check of secure record storage.

We reviewed seven patient records and saw they were fully completed, clear and legible.

Records were stored securely. On wards records were stored in lockable filing cabinets at the nurses station, where there was always a member of staff. There was sufficient secure storage for archived patient records and a tracking system so staff could identify where in the hospital a patient record was located at any time.

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. We reviewed medicines management audits for July and October 2021. The audits covered all areas of medicines management including storage, access to prescribing guidelines, audits of prescriptions pads and anaesthetic charts, prescribing appropriate medicines and antibiotic prescribing. For surgical services all areas showed 100% compliance with the audit in both months with the exception of Chester ward which showed 99% compliance in July 2021.

Pharmacists reviewed and monitored all antibiotic prescribing on the wards. However, the antibiotic stewardship audit in November 2021 showed 83% compliance against a target of 95%. The service had identified areas of improvement required in the review and stop date on the medicines record and had an action plan to improve compliance.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. A pharmacist attended the wards at least twice daily from Monday to Friday and on a Saturday morning. Outside these hours there was system for the RMO or ward manager to prescribe and get medicines from the on site pharmacy. There was a pharmacist on call 24 hours a day, seven days a week.

Staff completed medicines records accurately and kept them up-to-date. The wards had a lockable cupboard for controlled drugs and a log book which was filled out every day in the morning and night to ensure controlled drugs were being managed correctly.

Staff stored and managed all medicines and prescribing documents safely. On the surgical wards, medicines were stored correctly in locked cupboards in a clean utility which had a lockable door. On a random sampling of medicines we found all medicines to be in date and correctly stored.

There was a refrigerator in each clean utility for storing medicines that need to be kept at a required temperature. There was a daily checklist for checking refrigerate temperature which had been filled out appropriately and the refrigerators where alarmed to remind staff to check temperatures daily.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services. Each patient's room contained a secure medicines box for their own medicines and all patients' own medicines were reconciled by the resident medical office (RMO).

Good

Surgery

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 had an incident reporting policy which was comprehensive and up to date at the time of inspection Staff had a module on incident reporting in their mandatory training. The service had an electronic incident reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke to could tell us the process for reporting incidents and told us about a recent incident on the surgical wards and what learning had been gained from this.

We saw positive examples of 'Swarm' meetings being called by staff of all grades following incidents. These meetings were convened shortly after any incident to discuss any immediate actions and learning from the incident and were attended by all relevant staff.

The service had one never event in the last 12 months which had occurred in surgical theatres, we reviewed the investigation of this never event, there was clear learning and an action plan had been put in place to mitigate the risk of the never event happening again.

Managers shared learning about never events with their staff and across the service and hospital and staff we spoke with were aware of the learning and changes following the event.

Staff reported serious incidents clearly and in line with service policy on an online incident reporting system. Staff and managers, we spoke to told us there was a high reporting culture, particularly in theatres and this supported the wards and theatres to work well together.

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. While on inspection we reviewed an incident were a patient had been given incorrect medicines, there was no harm to the patient. The patient's consultant had apologised and discussed the incident with the patient following duty of candour guidelines.

Staff were able to explain what duty of candour was and what their responsibilities were. There were posters on the surgical ward explaining the importance of duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff told us that they were made aware of incidents and learning from incidents that had happened in the hospital in team huddles and meetings.

Staff met to discuss the feedback and look at improvements to patient care. Feedback from incidents was included in the daily 'com cell' meetings attended by managers and then fed back to staff across the service.

There was evidence that changes had been made as a result of feedback. For example, a sample audit of site marking had been introduced following a serious incident and staff now used 'stop' moments when changing between procedure types or side of surgery. They had also increased the theatre time allowed for certain types of surgery.

Good

Surgery

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw evidence of multidisciplinary meetings being held with families and patients following incidents to discuss next steps and investigations.

Safety Thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

There was a safety monitor displayed at the entrance to each ward. On the wards we inspected there had been no falls, pressure ulcers or catheter associated urinary tract infections in the last 12 months.

The information was displayed for each day and was updated daily. There was also patient feedback and results from the patient feedback survey displayed alongside the safety information.

Staff we spoke to told us about the importance of patient safety and put processes in place to mitigate risk.

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 followed The Sepsis Trust UK Sepsis Six pathway to recognise and respond effectively to potential sepsis cases. All patients were graded at pre-operative assessments using the American Society of Anaesthesiologists (ASA) physical status scale.

The service had an audit programme which checked staff compliance with key national standards and guidance on a quarterly to annual basis. For example, the service audited compliance with National Institute of Health and Social Care Excellence (NICE) guidance for fasting prior to surgery every quarter.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. 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 we spoke with told us the food was good and they had enough to eat. The service had completed a Patient Led Assessment of the Care Environment (PLACE) in November 2021 and found the hospital was fully compliant with the ten characteristics of good nutritional care and the British Dietetic Association nutrition and hydration digest.

Good

Surgery

There was a good range of menus available to meet all patients' needs and protected mealtimes were in place.

Staff fully and accurately completed patients' fluid and nutrition charts where needed and we saw these were fully completed in all patient records we reviewed.

Patients waiting to have surgery were not left nil by mouth for long periods. All patients we saw in theatre during our inspection had fasted appropriately. They had been given information on fasting, records indicated the length of time fasting was required and it was discussed at the theatre team brief.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw staff used a pain score tool to assess patient's pain, this was an improvement from our last inspection. We observed nurses on pain medication round, they had positive interactions with patients, asking patients how their pain had been managed and asking patients for a pain score. Where patients felt their pain was not managed adequately, they discussed this with nurses who took action to rectify this.

Patients received pain relief soon after requesting it. We spoke to patients on the surgical wards who all said they felt their pain had been managed well. They confirmed when they had told nurses that they were in pain, pain relief was prescribed quickly.

Staff prescribed, administered and recorded pain relief accurately. There was a pain link nurse on each ward to support staff and patients in pain management.

The service audited a sample of patients' pain records once every six months. The last audit in September 2021 had shown compliance of 70% against a hospital target of 95%. The service identified gaps in documentation and had an action plan to address this. We found no gaps in pain documentation in records we sampled during our inspection and patients reported effective pain management.

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 submitted data to national audit programmes such as the National Joint Registry (NJR), while on inspection we were shown the hospitals certificate of compliance to the NJR.

The service also provided data to the Patient Reported Outcome Measures (PROM), British Cardiovascular Intervention Society and the Breast, Cosmetic Implant Registry (BCIR) and National Bariatric Surgery Register (NBSR).

Outcomes for patients were positive, consistent and met expectations, such as national standards. In nationally reported data for April to June 2021 the service had no high-risk admissions from the wards to intensive care and no unit acquired infections in blood.

Good

Surgery

The service had a lower than expected risk of readmission for elective care than the England average, with no unplanned readmissions within 48 hours.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. All audit areas were designated as monthly, bi-monthly, quarterly or annual. We reviewed the audit programme for 2021 to 2022 and saw it was comprehensive and covered all key areas of practice.

The service audited the completion of World Health Organisation (WHO) surgical safety checklists each month. A manager who did not work in theatres audited a sample of 30 records each month and compliance with completion was 100% at the time of our inspection. Additionally, theatre managers carried out observational audits of WHO surgical safety checklist compliance. We reviewed the surgical safety checklist audits for September to November 2021 and saw compliance was consistently at 100%.

Managers shared and made sure staff understood information from the audits. Outcomes were shared with staff at ward and department meetings.

Improvements identified through audit were checked and monitored. We saw evidence in audit action plans of monthly spot check audits to monitor required improvements.

The service was accredited by the National Joint Registry, Getting it Right First Time (GIRFT) and was working towards accreditation with the British Obesity and Metabolic Surgery Society.

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. The service had a comprehensive competency checklist for all theatre staff which the theatre manager completed. All staff received training in care and communication for the deteriorating patient.

Managers gave all new staff a full induction tailored to their role before they started work. New staff had a supernumerary period of four weeks in the role. All staff received a full induction which included a workbook which must be completed within 90 days of starting work and were assigned a buddy for their induction period.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates were 100% on Stafford ward and pre-operative assessment, 94% on Lancaster and Chester wards and 95% in theatres.

The clinical educators supported the learning and development needs of staff. The hospital-based trainer supported staff and managers to keep up-to-date with their mandatory and other training.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw good attendance at daily staff huddles during our inspection and notes from the daily 'com cell' meetings were shared with staff in these meetings and copies kept in the office for staff to review.

Good

Surgery

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw various examples of staff being supported to undertake qualifications. For example, on one ward two assistant practitioners had been funded to complete their registered nurse training.Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

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

We saw good multidisciplinary working within the service. For example, patients undergoing joint replacement received support from pre-operative assessment nurse, consultants and physiotherapists or occupational therapists. During our inspection, we saw therapy staff on the wards working alongside nurses and observed good working relationships between staff of different grades and roles.

The service had specialist multidisciplinary teams (MDT) for patients undergoing particular procedures, for example a breast surgery MDT.

In theatres, we saw good communication between staff of different disciplines and were told there was a positive culture of constructive challenge at all levels.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff reported there were no issues accessing test results from GPs or the NHS for patients.

Seven-day services

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

The services surgical wards were staffed 24 hours a day, seven days a week. RMOs were available 24 hours a day.

Patients were reviewed by consultants depending on the care pathway. Consultants working under practising privileges were available to be contacted about the care of their own patients at any time. Consultants would review their patients if needed both during their time at the hospital and out of hours. Consultants organised colleagues to cover shifts if they were unavailable or on annual leave.

Physiotherapists and occupational therapists worked Monday to Friday however there was capacity for patients to be seen at the weekends.

Staff could call for support from doctors and other disciplines, including diagnostic tests, resuscitation leads and an intensivist team, 24 hours a day, seven days a week.

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. There were information leaflets available on wards which had advice on post treatment exercise and diet.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service also had a weight loss support group. The service also provided advice on smoking and alcohol cessation. Pre-operative assessment practitioners could prescribe nicotine replacement therapy for patients who wished to give up smoking.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us if they felt that a patient lacked capacity then the RMO could be contacted to carry out a capacity assessment and determine treatment for the patient in their best interests.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed staff interacting with patients during our visit, staff explained procedures and why they were doing them to the patient, they confirmed if the patient had understood and was happy to continue. The service ensured there was at least a two-week cooling off period between patients agreeing to undergo cosmetic surgery and the surgery being performed. This was in line with the RCS Professional Standards for Cosmetic Surgery.

The service audited consent and compliance with signed, legible consent forms was strong (100%). However, the service had identified an issue with consent not being signed before the day of the procedure. This was due to the number of pre-operative telephone consultations taking place due to the COVID-19 pandemic. The service had an action plan to address this and had involved the medical advisory committee in this, with a plan of monthly spot check audits to ensure compliance was improved.

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

Staff made sure patients consented to treatment based on all the information available. Staff could explain their roles and responsibilities when gaining consent from patients.

Staff clearly recorded consent in the patients' records. We reviewed six patient records on the ward, each patient had the correct consent form, patients had been made aware of the benefits and risks of their procedure and it had been signed and completed by both the patient and their consultant.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The service provided mandatory training for staff which covered consent, the Mental Capacity and Deprivation of Liberty Safeguards. Mangers monitored staff mandatory training compliance and were alerted when the staff member had to renew their training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff we spoke with showed good understanding of the process of best interests decision making in relation to the specific decision and patients with fluctuating capacity to consent.

Good

Surgery

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were able to explain the importance of the Mental Capacity Act and understood how to use DoLS. Staff risk assessed each patient individually with regards to capacity and DoLS.

Surgical ward staff told us that patients who have had surgery under general anaesthetic could sometimes experience delirium, ward staff would explain this to patients before surgery so that they could agree with the a patient a care plan if this occurred to monitor the patient in line with best interests, this may include using DoLs and/or therapeutic observations.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

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 told us, and we saw during inspection, staff always introduced themselves, explaining who they were and what would happen. The service had a chaperone policy to support patients who wanted to be accompanied during examinations.

Patients said staff treated them well and with kindness. We saw many thank you letters and cards sent to the wards and theatres. Comments from patients about staff and the service included '..have shown total dedication, efficiency, professionalism and courtesy in going the extra mile' and ' we found it difficult not being able to visit him due to the COVID-19 pandemic restrictions but hearing him ….praise you all repeatedly for the wonderful care and support… provided us with much reassurance'.

Staff followed policy to keep patient care and treatment confidential. Patient names were not displayed on room doors and theatre lists were not left in public view. Staff delivering personal care did this in the patient room with the door closed or in recovery area with drawn curtains.

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

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. Staff in pre-operative assessment could signpost patients and their families to a range of external services. An example was given of arranging respite for a patient in order to support them and their carers.

Good

Surgery

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We observed positive examples of staff dealing sensitively with distressed patients in the recovery area.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff could access support from palliative care practitioners based on site.

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.

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. Patients received an information pack one week prior to being admitted for surgery. Patients told us they had found this very helpful and it contained all the information they needed.

Staff told us they responded flexibly to requests from patients who wanted family or carers to attend appointments with them and a note was made on the booking system where this was requested and allowed.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The contact telephone number for the ward was given to all patients in their discharge information. We saw feedback leaflets throughout the service for patients and carers to complete.

Staff supported patients to make informed decisions about their care. Patients confirmed that staff explained everything clearly during pre-operative appointments and were very clear in discussing all options when gaining consent to treatment.

Patients gave positive feedback about the service. All patients we spoke with praised the hospital and the care they had received. The service carried out friends and family tests and the results for October 2021 for inpatients and day cases showed 98% of patients rated the service as good or very good.

The service had achieved the Macmillan Quality Environment Mark in October 2021. This was quality mark by Macmillan cancer services that assessed the service's responsiveness to the needs of patients with cancer and looked at if the service was welcoming and accessible to all, respectful of people's privacy and dignity, supportive of the users' comfort and well-being, gave choice and control to people using the service and listened to the voice of the user.

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.

Good

Surgery

Managers planned and organised services, so they met the needs of the local population. We were given examples of patients' who had pre-assessment appointments and tests grouped together to minimise travel to and from the hospital.

Throughout the pandemic the hospital had supported a COVID-19 vaccination hub for the local community.

Staff knew about and understood the standards for mixed sex accommodation. There were no mixed sex accommodation breaches as all patients had their own ensuite rooms.

Facilities and premises were appropriate for the services being delivered. The recovery area had a separate area to recover patients who had received an endoscopy. There was a designated bay for children, which had child friendly decoration such as animal face disposable curtains and pictures on the walls. The Patient Led Assessment of the Care Environment carried out in November 2021 found that flooring across all areas of the hospital was dementia friendly. There was clear signage throughout the service and access to wheelchair accessible toilets.

The service had systems to help care for patients in need of additional support or specialist intervention. For example, there were separate clinical pathways for bariatric patients or patients undergoing day case surgery, joint replacement or who would require a long stay in hospital.

Managers monitored and took action to minimise missed appointments. The number of patients who did not attend without cancelling appointments was low, 18 patients did not attend between December 2020 and November 2021.

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. Staff could access support on caring for people with dementia from a hospital wide dementia lead. Staff carrying out pre-operative assessments identified any mental health or psychological needs and recorded this in the patient notes.

The service had a separate pathway for bariatric patients, with access to specialist equipment such as trolleys and blood pressure cuffs.

The wards had signed up to John's Campaign. This is a campaign to promote the rights of carers to be welcomed and work in partnership with health and social care settings and professionals.

Wards were designed to meet the needs of patients living with dementia. A blue forget-me-not poster was used on doors to patient rooms to identify those with dementia and/or delirium. On Stafford ward, staff could access a dementia pack which included items to make the patient's room dementia friendly such as a music player and a 'down memory lane' file.

All inpatients were cared for in single rooms, with their own ensuite facilities, free television and WiFi.

The service had information leaflets available in languages spoken by the patients and the local community.

The service had appropriate worship facilities for patients from various religions and local religious leaders visited the hospital.

Good

Surgery

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. During the theatre scheduling meeting managers discussed arranging interpretation services required for a patient over the bank holiday period.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Catering services provided menus that catered for various beliefs such as kosher or halal options.

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. Theatre scheduling meetings took place three times a week. The bed manager and senior managers met with the ward managers daily to ensure beds were available for patients listed for theatre. Managers reported good communication between theatre and ward staff.

Managers monitored the referral to treatment times for NHS patients and had weekly meetings with the local clinical commissioning group to review patients waiting longer than 104 weeks for treatment.

Managers told us the number of patients waiting more than 18 weeks from referral to treatment had been affected by the impact of patients transferred form NHS waiting lists who had already waited more than 18 weeks on those. In November 2021, 86% of gastroenterology patients, 66% of general surgery patients, 63% of gynaecology patients and 65% of trauma and orthopaedic patients had waited more than 18 weeks form referral to treatment against a target of 92%.

Staff did not care for any surgical patients on non-surgical wards and managers worked to minimise the number of surgical patients on non-surgical wards. Managers we spoke with confirmed they did not have any patients cared for on medical wards and no medical patients on surgical wards.

Managers worked to keep the number of cancelled operations to a minimum. Managers told us they rarely cancelled operations on the day of treatment and where this happened it was usually due to patients disclosing they had breached COVID-19 isolation requirements. Theatres operated a traffic light list for any changes to theatre lists, so staff could quickly identify the number of changes made on a day. Once there were more than two changes to the list, staff repeated the theatre briefing.

The service had seen an increase in the number of patients who chose not to attend appointments due to fear regarding the COVID-19 pandemic. They monitored this and other non-clinical reasons for cancellations and non-attendance.

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.

The service held a theatre scheduling meeting three times a week. Managers reviewed all planned theatre lists to pre-empt any issues and ensure theatres were used effectively. Theatre lists were planned according to clinical prioritisation and no distinction was made between NHS and private patient bookings. We observed a scheduling meeting and saw positive challenge between managers regarding ensuring staff had the training and competencies for the planned theatre lists.

The theatre diary was colour coded with theatre utilisation rates so managers could see at a glance the potential for gaps and cancellations.

During the theatre scheduling meeting we saw managers discussed plans for patients who had to be cancelled and looked to ensure those who were a clinical priority were rebooked quickly. They also discussed using staff flexibly to ensure oversubscribed lists could go ahead.

Managers monitored that patient moves between wards/services were kept to a minimum. Transfers were reported on each wards' monthly performance report and the reasons for moves monitored. For example, for Lancaster ward in November 2021 we saw transfers in late evening or night were due to the service running late theatre slots.

The service moved patients only when there was a clear medical reason or in their best interest. We were told that patients were only moved from surgical wards because they needed intensive care or high dependency unit. The only other reason for a move was from the day case ward to a surgical ward when it was decided it was clinically in the patient's best interests to stay in hospital.

Managers and staff worked to make sure that they started discharge planning as early as possible.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. On Stafford ward they piloted the role of discharge coordinator. This as an assistant practitioner who took a lead in ensuring all planning and paperwork was in place to ensure a smooth discharge such as ensuring take home (TTO) medicines were ready and any equipment required had been supplied.

Managers and staff worked to make sure patients did not stay longer than they needed to. Physiotherapy and occupational therapy staff planned discharge for patients with more complex needs and liaised with social care to ensure appropriate equipment was in place.

Managers monitored the number of delayed discharges, knew which wards had the highest number and took action to prevent them. Managers told us delayed discharges were rare. However, there had been three recent cases where discharge was delayed due to waiting for care packages. In these cases, occupational therapists continued to assess the patients' needs and liaise with external providers.

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. There was information displayed in wating areas on how to raise a complaint. Patients we spoke to had been told how to raise a complaint and knew how to if they needed to.

We reviewed a sample of complaints and their responses, responses were comprehensive in their reply, they looked at the concern highlighted and offered an explanation. The response also highlighted areas of learning and improvement.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them. Staff reported any complaints received using the online incident reporting system.

Managers investigated complaints and identified themes. Managers took complaints seriously they acknowledged complaints quickly and tried to resolve all complaints at point of care. The service aimed to respond to formal within 20 days.

The service had a three-stage complaint process and all complaints were reviewed and signed off by theexecutive director. For complaints that reached stage three these were reviewed by an external independent adjudication service.

For complaints which needed to be referred for independent review there was the Independent Sector Complaints Adjudication Service (ISCAS) and for NHS patients there was the Parliamentary and Health Service Ombudsman. No complaints had been referred to either service in the last 12 months.

Managers shared feedback from complaints with staff and learning was used to improve the service. Patient complaints and the learning gained was discussed at staff huddles and staff meeting.

Are Surgery well-led?

Good

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

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 had been changes in leadership and management across surgical services. Staff spoke highly of ward and theatre managers and told us they were approachable and had made positive changes to the service.

The leadership team in theatres had been strengthened by the appointment of two deputy theatre managers. The theatre manager reported directly to the clinical services director.

Staff told us the executive team were visible and supportive and they felt comfortable approaching them and raising any issues.

The executive team consisted of an Executive Director, who was also the registered manager, a Director of Clinical Services and a Director of Operations. We saw the team worked closely together on a day to day basis to run effective services.

We saw multiple examples of staff being supported to take qualifications and move on in their careers. Staff told us this made them feel valued and some had returned to work in the service after trying jobs elsewhere.

Good

Surgery

The hospital met the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures that staff are fit and proper to carry out their roles. The hospital had a Fit and Proper Person policy that clearly outlined the checks needed and roles and responsibilities in carrying out these checks. We reviewed a sample of employment files and found checks were completed in line with FPPR regulations such as references, qualification checks and disclosure and barring service checks.

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 vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The hospital had a clear vision and strategy which was broken down into department and unit level and displayed in all areas of the service. The overarching hospital vision and strategy had been shared with heads of departments who had worked with their teams to identify how it would be realised within their unit or ward. Senior managers told us this process meant staff understood the strategy and felt a sense of ownership as they had been involved in writing it.

The hospital had taken this approach following feedback from the annual staff survey where staff told managers they found it difficult to understand what the strategy meant for their work and area.

Senior managers acknowledged areas of the estate required refurbishment and this had not been fully realised from previous strategies. However, they had developed a two tier refurbishment plan which was being presented to the board in December 2021.

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.

Staff we spoke with were positive about the culture and proud to work at the hospital. They told us the culture on the wards had improved in the last 12 months, especially following management and leadership changes.

Staff described a culture in theatres where staff were empowered to constructively challenge each other regardless of grade or role. Managers told us of the 'Stop the line' initiative where any member of staff witnessing anything that they did not agree with was encouraged to stop the procedure or treatment to prevent any potential bad practice.

Managers we spoke with were sighted on the impact of the pandemic on staff morale as the workload had increased.

Staff could access support from a Freedom to Speak Up Guardian and we saw posters about this through the service. A Freedom to Speak Up Guardian works alongside the senior leadership team to ensure staff have the capability to speak up effectively and are supported appropriately if they have concerns regarding patient care.

Staff gave examples of being offered flexible working to accommodate their personal circumstances. Managers used a 'you said we did' approach to gathering staff ideas and giving feedback.

Staff received expressions of thanks from managers and the organisation, for example all staff got a shopping voucher for Christmas. Staff could access support from an employee assistant programme and we saw posters advertising this throughout the service.

Good

Surgery

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.

The service had a clear governance structure that mirrored the clinical governance structure for the organisation. The committee structure ensured information flowed from ward and service level to the clinical governance committee and medical advisory committee (MAC).

Service leads and managers attended committees and ensured information was fed back to staff through ward and department meetings.

We reviewed minutes of department meetings and saw they were well attended by staff of all grades and included feedback on performance and an opportunity for staff to put forward ideas to improve governance and performance.

Senior managers reported a strong working relationship with the MAC and met with the MAC chair three times a week.

Managers attended a daily 'com cell' meeting. This was an opportunity to review and share any incidents and immediate learning and share key messages which were taken back to the teams.

The service had a robust system to ensure all doctors and medical had the appropriate practising privileges and insurance and reviewed this regularly.

In theatres, a governance and informatics lead was responsible for ensuring all audits had been completed, risk registers updated and any changes to NICE guidance were circulated. Theatres benchmarked performance using the Association for Perioperative Practice (AfPP) clinical audit tool. There was a system of observational audit of practice by managers in theatres.

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.

The hospital had a senior manager who led on quality and risk and reported to the director of clinical services.

Each ward and department had a departmental risk register which was included in their monthly performance report. All risks had a score, review date and risk owner allocated. Risks on department and service risk registers aligned with what staff told us was on their worry lists. Risks could be escalated by staff through the online incident reporting system which allowed staff to report, incidents, complaints and risks.

Managers discussed ongoing risks and performance at the daily 'com cell' meetings.

The hospital had a business continuity plan and systems to manage unexpected events. Each department had an action card to follow in the event of an emergency. The business continuity plan was tested monthly through a tabletop exercise and a live exercise took place every six months where a scenario such as major incident response was walked through.

The service had an audit plan for 2021 to 2022 which outlined the type and frequency of audits to be undertaken across the service and included clinical and non-clinical audits. Audits included self-assessment and peer review of practice by staff.

There was a process in place for managers to request additional audits and have these ratified by national managers. Theatre managers told us about plans to expand theatre audits to include an audit of correct site surgery and abbreviations.

The service had a process for reviewing all deaths. Mortality case reviews were attended by all relevant staff and where appropriate, progressed to a structured judgement review. All mortality reviews were reported to and monitored by the medical advisory committee.

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.

Each department or ward had a monthly departmental report which was shared with all staff and outlined key performance, risks, complaints, incidents, feedback and changes to policy or guidance. This was available for staff on each ward or department.

All policies were available for staff to access on the hospital intranet.

Information systems were integrated and secure. However, managers acknowledged the hospital information technology infrastructure and equipment required updating to further support robust information management.

There were systems in place to ensure data and statutory notifications were submitted to external bodies. The registered manager was responsible for submitting notifications to the Care Quality Commission. The service submitted data to the Private Health Information Network and the National Joint Registry, this had improved since our last inspection. The service scored positively for data completeness for data submitted to Intensive Care National Audit and Research Centre (ICNARC).

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 service encouraged patients and families to give feedback about their care and we saw feedback cards for patients to complete throughout the hospital. Senior managers recognised the importance of gathering views from patients and the hospital held a regular patient forum. There was a six-monthly patient feedback group which was chaired by the executive director. This took information from patient feedback directly received, reviews of social media, complaints and feedback from the patient forum to make improvements to services. For example, we were told the patient forum had raised concerns about the quality of the accessible toilets and this was on the estates work plan for January 2022. Feedback and actions from the patient feedback group were presented to the patient forum.

The service had a breast support group for patients who had recovered from breast surgery.

Good

Surgery

The hospital worked with its local community and the local authority to explore how they could contribute to the regeneration plans for the local area.

Staff participated in an annual survey and leaders gave examples of changes made following feedback from the staff survey. We saw feedback boards in communal areas of the hospital where staff could post feedback and suggestions for improvement. Each ward and department had a staff newsletter, we saw this shared key information with staff as well as being a forum for ward based news, such as staff changes, and sharing thanks and feedback received and advertising the Freedom to Speak Up Guardian.

The hospital worked with other health providers, including the NHS, to provide services for the local community. They met twice a week with the local clinical commissioning group. During the COVID-19 pandemic they had provided a range of services to support the local NHS trusts and some staff were seconded to support the local Nightingale Hospital.

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 and participation in research.

Staff were committed to promoting a culture of patient safety and service improvement. Staff described tools they used to promote safety culture and review any patient safety issues. Staff talked about 'Stop the Line' and SWARM and described how SWARM methods had been used to review a recent incident in theatres.

The service had a strong focus on supporting staff to develop and on growing their own talent. Several staff told us they had been offered formal qualifications and training opportunities that led to career progression.

The service had a robotic arm system to assist during joint replacement surgery and had plans to utilise further 3D imagine technology in hip replacement surgery. Robotics-assisted procedures minimise the risk of infection, reduce recovery time and ensure better cosmetic results for patients.

Good

Services for children & young people

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

Are Services for children & young people safe?

Good

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

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of children, young people, and staff. Staff that worked on the children and young people's ward had achieved 100% training compliance in all mandatory training modules, with the exception of the European Paediatric Life Support (EPLS) training module in which 50% of eligible staff had completed this training module. One eligible member of staff had not completed EPLS training as they recently joined the service, however they were booked on to the EPLS training module in February 2022. Staff members that worked within other areas of the hospital which provided care and treatment to children and young people had achieved 100% training compliance in EPLS training module. However, the service mitigated the risk as there was a process in place to ensure that staff who had completed EPLS training were available in the event of a medical emergency, such as a cardiac arrest.

Managers we spoke with told us that staff received training on sepsis management within the Paediatric Immediate Life Support (PILS) training module.

Managers monitored mandatory training for permanent and bank staff, and alerted staff when they needed to update their training.

We saw that there was an induction programme in place that staff completed when they commenced employment with the service.

Safeguarding

Staff understood how to protect children, young people and their families 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.

Good

Services for children & young people

Nursing staff received training specific for their role on how to recognise and report abuse. Following our inspection the service provided safeguarding module training rates that demonstrated staff in all areas of the hospital achieved over 90% compliance with safeguarding children level two and three training.

Staff knew how to identify children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with had an awareness of the signs of all forms of abuse, including female genital mutilation.

Staff followed safe procedures for children visiting the ward. The entrance to the ward was secured with electronic swipe access via a staff identification badge. Admittance to the ward for relatives and carers was controlled by ward staff. The service had a policy in place for chaperoning children and young people, which was accessible to staff, approved and within its review date. The service had practiced simulations for an abducted and absconded child or young person scenario within the hospital. The scenario was followed up with an action plan for areas identified for improvement.

The hospital had a safeguarding lead for the children and young people service in post who was easily accessible for safeguarding advice. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with understood the process for escalating concerns and were aware the associate director of clinical services was the safeguarding lead for the service.

Managers told us that if a staff member reports a safeguarding concern they are provided with safeguarding supervision as required by the safeguarding lead at the hospital. Safeguarding supervision provides an opportunity for staff and safeguarding supervisors to reflect on challenging cases, difficulties encountered and ensure safeguarding policies are followed. The hospital also ran a quarterly safeguarding committee where safeguarding cases were reviewed and discussed, and lessons learned were shared with all hospital staff.

At the time of our inspection there had been one reported safeguarding concern at the hospital within the last three months.

Cleanliness, infection control and hygiene

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

All areas we visited were clean and had suitable furnishings which were clean and well- maintained. We observed that all areas we visited were visibly clean, all patient chairs, trolleys and beds were made of wipeable material, and privacy curtains that were in use had the date they were last changed clearly documented.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. During our inspection we saw documentation had been completed to indicate when patient rooms and general areas had been cleaned. We saw that patient rooms had been documented as cleaned by housekeepers after patients departed.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The hospital used “I am clean” stickers to indicate when patient equipment had last been cleaned and was ready for use by another patient.

Staff followed infection control principles including the use of personal protective equipment (PPE). In all areas we visited we observed that staff had access to adequate quantities and type of PPE. Throughout the hospital there was sufficient

access to hand washing sinks and equipment washing sinks, soap, and alcohol gel hand rub. We observed that staff washed their hands and followed the World Health Organization's five moments for hand hygiene guidance. We saw hand hygiene audit results displayed on the children and young people ward which demonstrated 100% staff hand hygiene compliance for November 2021.

The hospital carried out bi-monthly infection prevention and control (IPC) observational audits in all the areas children and young people were treated, the audits assessed IPC compliance against the hospital's IPC policies including staff hand hygiene, patient equipment and theatre asepsis. Observational audit results provided following the inspection for June, August and October 2021 demonstrated high rates of compliance with IPC practices.

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. However, the paediatric theatre recovery area was not physically separated from the adult theatre recovery area.

Children, young people, and their families could reach call bells and staff responded quickly when called. Patients, relatives, and carers we spoke with told us that staff were attentive and responded to call bells and requests for assistance.

Staff carried out daily safety checks of specialist equipment. During our inspection we saw that resuscitation trolleys were available in all the areas we inspected and contained emergency equipment and medicine, available and fit for purpose, for all age ranges of children and young people. Resuscitation trolleys we inspected were security sealed and tagged all required equipment was present. We saw that daily resuscitation trolley equipment checks were documented consistently by staff.

The service had enough suitable equipment to help them to safely care for children and young people. Surgical pre-assessments were completed within a consultation room within the children and young people ward, staff had access to equipment including weighing scales and blood pressure monitoring equipment. Equipment had electronic service testing stickers clearly visible, that indicated to staff when equipment had last been serviced and that it remained appropriate to use.

Staff disposed of clinical waste safely. The children and young people ward had arrangements in place for the handling, storage and disposal of domestic and clinical waste and sharps. We saw that clinical and non-clinical waste was segregated into colour coded bags and sharp objects were deposited in sharps bins. All waste and sharps were disposed of by the estates staff. The ward also had access to a dirty utility room with a macerator on York ward for the disposal of human waste.

The children and young people ward was co-located with the adult medical ward. Service leaders had risk assessed and identified mitigations in relation to the proximity of care and treatment provided to adults and children. Staff told us that the adult medical ward was not in routine use by the hospital and functioned only as an escalation ward or was used for day case procedures. The adult ward was closed on the days children or young people attended the children and young people ward.

There was no separate recovery area for children and young people following a surgical procedure. Children were recovered in the adult recovery area, although this was screened off from the area used by adults. The paediatric recovery area environment had child friendly decoration such as animal face disposable curtains and pictures on the walls.

Good

Services for children & young people

The hospital did not have access to play specialists to support children through their hospital admission and appointments. However, following our inspection the service told us that registered children's nurses provided play and distraction to support children that may benefit from play input to prepare for a procedure, and that a member of the children and young people staff had undertaken a play specialist course that was due to be completed in March 2022.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. Staff carried out observations using paediatric early warning scores (PEWS). We reviewed the completion of PEWS in five patient records on the children and young people ward and found all observations were completed and scored correctly. Staff had access to sepsis care bundles on the children and young people ward which were inline with national guidelines.

There was a member of staff on duty in each area or department within the hospital that had received training in Paediatric Intermediate Life Support (PILS). The children and young people service could access support from the critical care outreach team which ran 24 hours a day, seven days a week for any patient who was deteriorating. The team was made up a consultant intensivist, the lead resuscitation officer and advanced nurses that had all received EPLS training. A resident medical officer (RMO) was available on-site 24/7 who could respond to emergencies and deteriorating patients.

Staff completed risk assessments for each child and young person on admission, using a recognised tool, and reviewed this regularly, including after any incident. Children were risk assessed for whether they were suitable to follow the adult day case surgical pathway. At the time of our inspection the service offered day case surgery for privately funded patients only.

Staff knew about and dealt with any specific risk issues. The service had a standard operating procedure with outlined the process to safely and effectively manage children and young people that may require transfer to another healthcare facility due to deterioration in their condition. Critically ill patients were transferred via ambulance to a local NHS trust. The service also held a service level agreement with an independent service for the management of a critically ill child, which offered 24/7 teleconference advice and a paediatric intensive care unit (PICU) bed and transport service for children aged below 16 years of age whose destination is a PICU. All staff we spoke with were aware of these arrangements.

Nurse staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep children, young people, and their families 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 children and young people safe. During our inspection we reviewed nurse staffing rotas and saw that the service had a minimum of two registered children's nurses on shift at all times.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers we spoke with told us that they used three regular bank registered children's nurse for additional support when required who had experience of working within the service. Managers made sure all bank and agency staff had a full induction and understood the service and kept up to date with mandatory training.

Good

Services for children & young people

Medical staffing

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

The hospital employed two resident medical officers (RMO). The service did not employ any consultants. All consultants worked at the service under a practising privileges agreement.

All children and young people outpatient clinics were consultant led.

The service had paediatricians available on Saturdays to run their clinics. In the week children and young people were seen by specialists such as dermatologists on a consultation only basis.

Records

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

Patient records were paper based and were stored securely by the hospital in locked cabinets.

During our inspection we reviewed five sets of patient care records and found that records were comprehensive, and all staff could access them easily. All records we reviewed included pre-assessment checks, appropriately completed consent forms, surgical notes, ward notes and discharge paperwork. There was a dedicated section within notes that identified when a patient had any allergies.

Medicines

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

The service had access to an in-house pharmacy for advice on medicines.

Staff had access to critical medicine, such as antibiotics, through the in-house pharmacy during core operating hours and out of hours through the intensive care unit.

Medicines were stored securely. The children and young people ward did not hold any controlled drugs. The children and young people ward stored medicine in a locked cupboard within a room which required a key code to access. A member of the pharmacy team completed weekly medicine stock checks of medicine stored on the children and young people ward. Ward staff completed daily ambient room temperature checks for the room that medicines were stored to ensure medicine remained appropriate to use. We saw the recommended temperature range was clear and staff consistently record temperatures. We saw in patient records we reviewed that patient height and weight was documented to enable the appropriate medicine dosage to be prescribed.

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 children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Good

Services for children & young people

Staff knew what incidents to report and how to report them. Staff used the hospital's incident reporting system to report incidents. Staff felt confident to report incidents and knew how to escalate concerns.

Staff understood the duty of candour. They were open and transparent, and gave children, young people, and their families a full explanation if and when things went wrong. Staff we spoke with understood the duty of candour and how to apply it.

We reviewed serious incidents relating to children and young people within the last 12 months and found that appropriate actions were taken by the service, staff were open and transparent, and provided support to the patients and relatives.

Are Services for children & young people 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 evidenced-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. We reviewed a sample of policies and guidelines related to children and young people and found they were easily accessible to staff, were approved and within their review date.

The children and young people service was audited and reviewed as part of the hospital's programme which checked compliance with key national standards and guidance on a quarterly to annual basis. The hospital did not take part in national or local audits relating specifically to the children and young people service.

Nutrition and hydration

Staff gave children, young people, and their families enough food and drink to meet their needs and improve their health.

Staff made sure children, young people and their families had enough to eat and drink. During our inspection we spoke to eight patients and relatives who told us that the service met their nutrition and hydration needs.

Staff on the children and young people ward had access to facilities to prepare hot drinks for patients. We saw that there were water dispensers within the outpatient department.

Staff staggered the arrival and surgical treatment of patients on the children and young people ward to shorten the length of time children fasted.

Good

Services for children & young people

Pain relief

Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Children and young people received pain relief soon after requesting it. Patients and relatives we spoke with told us that pain relief was given in a timely manner. We reviewed five patient care records and found that staff appropriately monitored and recorded patient pain symptoms.

Staff assessed children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff had access to pictorial aids for children to communicate pain levels and effectiveness of pain relief.

Staff applied topical anaesthetic cream to children and young people prior to blood tests to relieve any pain and discomfort during the procedure.

Patient outcomes

The service did not monitor the effectiveness of care and treatment and use findings to make improvements.

The service did not collect patient outcome data specific to children and young people after procedures and appointments, however this information was collected as part of the surgery and outpatients' services. It was not possible to assess the effectiveness of the service specific to children and young people.

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.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction programme in place for all newly recruited staff, including a supernumerary period that enabled staff to be familiarised with the hospital's systems and processes.

During our inspection we reviewed the clinical competencies of all staff that worked on the children and young people ward. We saw that there was a process in place to ensure staff were competent for their duties and roles. Staff were assessed against each clinical competency and signed off as competent to perform the duty, role, or task by the children and young people clinical service lead.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff annual appraisal rates were 100% on the children and young people ward.

There was a corporate policy for practising privileges. The hospital granted practising privileges only to doctors who met the criteria outlined in the policy. The criteria stipulated doctors' must be licenced and registered with the General Medical Council (GMC), have held a substantive post within the NHS in the past five years or could demonstrate independent practise over a sustained period, and had relevant clinical experience to practise. Applications for practising privileges were assessed by the Medical Advisory Committee (MAC). All consultants completed a paediatric practice form as part of their practising privileges application.

Good

Services for children & young people

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit children, young people, and their families. They supported each other to provide good care.

Staff we spoke with throughout the hospital told us they were able to access support for providing care and treatment to children and young people from children and young people ward staff and the children and young people clinical services lead.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health, depression. Staff had a service level agreement with an external provider that enabled staff to make requests for mental health assessments for patients.

Seven-day services

Key services were available to support timely patient care.

Paediatricians held outpatient clinics throughout the week, including evenings and weekends to enable children and young people to attend with minimal disruption to their school attendance. Staff could call for support from doctors seven days a week and diagnostic tests were available seven days a week to support patient care.

The children and young people surgical service had not been designed to operate a seven-day service. At the time of our inspection surgical services for children and young people were offered on two days during the week. Consultants' led morning ward rounds reviewed children and young people prior to when theatre lists commenced.

The hospital had a Patient Walk in Centre (PWIC) which was open seven days a week and saw children and young people.

Health promotion

Staff did not actively give children, young people and their families practical support and advice to lead healthier lives.

The service displayed and provided limited relevant information to promote healthy lifestyles for children and young people. The service did not actively offer support for any individual needs for children and young people to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people, and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

The hospital had a consent policy in place that staff could access, we reviewed this policy and found that it took account of relevant legislation and guidance, it was approved and was within its date for review.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff that worked on the children and young people ward had achieved 100% training compliance in the consent mandatory training module.

Good

Services for children & young people

Staff understood Gillick Competence and supported children who wished to make decisions about their treatment. Staff we spoke with understood how to assess the competence of children and young people in line with legislation and guidance.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. We reviewed five patient care records and found that appropriate consent had been obtained for each patient. Staff clearly recorded consent in the children and young people's records. We found that formal written consent was gained for all surgical procedures. The hospital had a specific consent form for children and young people who were competent to consent for a procedure and a consent form for when a parent or guardian provided consent for a procedure.

The hospital audited surgical consent compliance against their policy; patients from the children and young people service were included within this audit. For further information please see the Consent, Mental Capacity Act and Deprivation of Liberty Safeguards section within the surgery report.

Are Services for children & young people caring?

Good

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

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people, and their families. Staff took time to interact with children, young people, and their families in a respectful and considerate way. We observed two transfers of patient care between theatre recovery staff and the children and young people ward staff, and we found that staff ensured patients were appropriately covered to maintain dignity during each transfer and that discussions relating to patient care between staff were done in a private place. Staff told us they drew privacy blinds in the pre-assessment consultation room on the children and young people ward during examinations to maintain the privacy and dignity of patients.

Children, young people, and their families said staff treated them well and with kindness. During our inspection we spoke with eight patients and relatives, and they were all positive about the way in which staff treated them.

Staff understood and respected the personal, cultural, social, and religious needs of children, young people, and their families and how they may relate to care needs. Staff we spoke with provided examples of how they adapted care and treatment, such as, staff ensured appointments were arranged to avoid religious events for patients that observed these occasions and appointments were arranged to meet families' caring responsibilities.

Emotional support

Staff provided emotional support to children, young people, and their families to minimise their distress. They understood children and young people's personal, cultural, and religious needs.

Good

Services for children & young people

Staff gave children, young people and their families help, emotional support and advice when they needed it. During our inspection we observed that staff spent time with patients to provide advice and support. Patients we spoke with told us that they felt they were given enough support and advice by staff.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people, and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Patients and their relatives we spoke with told us that they felt involved in their care plan and that they were given opportunities to ask and have answered questions pertaining about care and treatment.

Staff talked with children, young people, and their families in a way they could understand, using communication aids where necessary. Patients and relatives we spoke with told us that staff used simple and easily understood language when explaining care and treatment. Staff had access to interpreter services for non-English speaking patients.

Staff supported children, young people, and their families to make informed decisions about their care. Patients and relatives, we spoke with felt informed about their care and treatment options and told us they had received appropriate information in a variety of formats, such as verbal information and written information.

Children, young people, and their families could give feedback on the service and their treatment and staff supported them to do this. The hospital displayed posters and leaflets advising how to provide feedback. Child friendly versions of patient feedback forms were available.

Patients gave positive feedback about the service. We spoke with eight children and young people patients and relatives who all gave positive feedback. The service displayed on the children and young people ward results of the patient satisfaction scores in 2020 which demonstrated; 97.3% positive of respondents were likely, or extremely likely to recommend the service to their friends and family, 96.9% of respondents said the quality of care was good or excellent and 94.6% of respondents said their expectations were met or exceeded by the service.

Are Services for children & young people responsive?

Good

Our rating of responsive improved. 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.

The hospital planned and provided services in a way that met the needs of children and young people. Patients and relatives we spoke with told us that they were able to arrange appointments and procedures that met their requirements.

Managers ensured that children, young people, and their families who did not attend appointments were contacted. We spoke with the safeguarding lead who told us that there was a process in place to ensure that each missed appointment was followed up by the safeguarding lead.

Good

Services for children & young people

The children and young people ward had a baby change facility.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

The children and young people ward had seven single en-suite rooms with pull down beds that enabled relatives to stay overnight. At the time of our inspection the bedded bay unit within the children and young people ward had been decommissioned and was used as a storage area. The children and young people ward and en-suite rooms had a child friendly decor. The children and young people ward had a playroom with a selection of activities and toys for younger children.

We visited the hospital's general practitioner (GP) led walk-in centre. The walk-in centre accepted self-referrals from young people aged 16 and 17 years old, and adults. The service was staffed by a GP and registered nurse. At the time of our inspection we observed the environment and found that it had a small section for children and young people within the waiting area and a selection of activities and toys for young children.

We visited the diagnostic department and observed that there was a small section within the waiting room for children and young people and activities for children and young people were limited to books suitable for young children only. At the time of our inspection the department did not have access to activities, books or toys for older children or young people.

Following our inspection the service told us that subsequent to the easing of covid-19 restrictions a selection of toys and activities were made available to patients of all ages within the hospital.

We spoke to managers within the diagnostic department who told us they planned to carry out an assessment of the diagnostic department to consider how the design of the department could be improved to meet the needs of children and young people.

Some diagnostic procedures required children and young people to be injected with contrast dye during the procedure. In order for the contrast dye to be injected venous access was required, patients are cannulated to gain venous access prior to a procedure. Managers within the diagnostic department told us that they expected children and young people to be cannulated by children and young people ward staff within the ward environment as this was a more appropriate environment. However, staff we spoke with told us that they were not aware of this process and that children and young people were cannulated within a diagnostic procedure room when not in use. We observed these areas and found that these were not child or young people friendly areas for cannulation, particularly for phobic or frightened children. Following our inspection the service told us that where cannulation is performed, a child or young person would be accompanied by a registered children's nurse and have appropriate support in place, including distraction therapies and toys as appropriate and according to the age of the child or young person.

The hospital had a process in place to meet the needs of patients with complex needs, such as children or young people living with autism spectrum disorder (ASD). Following our inspection the service told us that patients living with a complex need were assessed by a multidisciplinary team to identify the support required. The service told us that there was a dedicated quiet room in the outpatient department to ensure children and young people living with conditions such as autism can wait comfortably for their appointment.

Good

Services for children & young people

The service had information leaflets available in languages spoken by the children, young people, their families, and local community. Staff had access to information leaflets in other languages. Managers made sure staff, children, young people, and their families could get help from interpreters or signers when needed. Staff also had access to electronic applications to support patients with verbal communication difficulties.

Children, young people, and their families were given a choice of food and drink to meet their cultural and religious preferences. Patients we spoke with told us that they had a variety of food and drink choices and that this met their needs.

The hospital had a multi-faith prayer room where patients and relatives could visit to pray or for reflection.

Access and flow

People could access the service when they needed it.

Paediatric outpatient appointments were available seven days a week.

The service did not operate a surgical procedure waiting list for children or young children as procedures were all privately funded.

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 children, young people, and their families in the investigation of their complaint.

Children, young people, and their families knew how to complain or raise concerns. The patients, relatives, and carers we spoke with knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We found throughout the hospital posters and leaflets were displayed advising how to make a complaint.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Staff we spoke with explained to us how they had dealt with complaints informally, and how they would escalate and facilitate patients or their relatives to make a complaint.

We reviewed the hospital's complaints policy and complaints leaflets and found these to be comprehensive and clear.

Managers investigated complaints and identified themes. We reviewed a sample of complaints and their responses and found that responses were comprehensive, responses answered concerns well and offered explanations, and identified areas for learning and improvement. If a patient or relative was not satisfied with a complaint response, the policy and complaints leaflets outlined for privately funded patients, an internal appeal process and external process to the Independent Healthcare Sector Complaints Adjudication Service (ICAS) an independent adjudicator.

Good

Services for children & young people

Are Services for children & young people well-led?

Good

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

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 had been recent changes in senior leadership within the hospital. The senior leadership team consisted of a newly appointed Executive Director, who was also the registered manager, a Director of Clinical Services, and a Director of Operations. Staff we spoke with were positive about senior leaders and felt that that they were visible and approachable, and welcomed feedback about the service.

The children and young people service had a newly appointed children and young people clinical services lead in post, they held overall responsibility for the quality of care and treatment for children and young people within the hospital. The children and young people service at the hospital was overseen by a national lead for children and young people within the hospital provider group management structure. Staff we spoke with were aware of who the national lead was and how they were able to access support. Staff told us the national lead was supportive and had been directly involved with the introduction of improvements within the service.

We reviewed a sample of employee files and found that the hospital met the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures that staff are fit and proper to carry out their roles. The hospital had a Fit and Proper Person policy that clearly outlined the checks needed and roles and responsibilities in carrying out these checks.

Vision and Strategy

The service had a vision for what it wanted to achieve. However it had not been developed with the views of all relevant stakeholders.

The children and young people service had a vision and strategy. Leaders told us that the vision and strategy had been developed with the engagement of staff. The children and young people vision and strategy aligned to the vision and strategy for the hospital, and the corporate provider vision and strategy.

The primary goal of the children and young people service was to ensure that all children, young people, and their families who come to hospital are left with a positive impression of healthcare and an improved physical and mental wellbeing.

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.

Good

Services for children & young people

Staff we spoke with were positive about the service and told us they were respected, supported, and valued. Staff told us that local and senior leaders were accessible and visible.

Patients we spoke with during our inspection told us that they felt able to raise any concerns with staff.

The hospital had appointed a Freedom to Speak Up Guardian. The Freedom to Speak Up Guardian is a role to support staff to raise concerns. We saw posters displayed throughout the hospital about this service. Staff we spoke with were aware of the Freedom to Speak Up Guardian.

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.

The service had a clear governance structure that mirrored the clinical governance structure for the corporate organisation. The committee structure ensured information flowed from ward and service level to the clinical governance committee and medical advisory committee (MAC). The service had two paediatric medical doctor representatives who attended the MAC that held practising privileges granted by the hospital. The MAC had an independent GP representative with paediatric medical expertise.

Service leads and managers attended committees and ensured information was fed back to staff through ward and department meetings.

The hospital had a children and young people subcommittee that met quarterly, the meeting had a standard agenda that focused on complaints, patient satisfaction, risk management, local and national policy, audit, staff training compliance and safeguarding. We reviewed a sample of children and young people subcommittee meeting minutes and found that these were well attended and operated effectively.

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.

The hospital had a senior manager who led on quality and risk and reported to the director of clinical services.

Risks were reported by staff through the online incident reporting system.

Each department, ward and unit had a risk register that fed into the hospital risk register. Risks were monitored and reviewed at the hospital's clinical governance committee and health and safety committee.

We reviewed the hospital risk register and found that risks were recorded with clear descriptions and controls in place identified, all risks had a risk rating score, a date for review and risk owner identified.

At the time of our inspection the hospital had one risk register entry in relation to the children and young people service, this risk was rated low and had controls and mitigations in place recorded.

Good

Services for children & young people

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 children and young people ward had a monthly report which was shared with all staff and outlined key performance, risks, complaints, incidents, feedback and changes to policy or guidance.

All policies were available for staff to access via the hospital intranet.

Patient information and records paper based and were stored securely.

Information systems were integrated and secure. However, managers acknowledged the hospital information technology infrastructure and equipment required updating to further support robust information management.

Managers told us that there were systems in place to ensure data and statutory notifications were submitted to external bodies, such as safeguarding notifications to local authorities. The registered manager was responsible for submitting statutory notifications to the CQC.

Engagement

Leaders actively and openly engaged with staff. However, there was limited evidence that demonstrated leaders and staff actively and openly engaged with children and young people, equality groups, the public and local organisations to plan and manage services.

Children and young people staff meetings were held monthly, key updates were discussed such as incidents and learning, complaints, and patient feedback.

We found limited evidence that the service actively engaged with children and young people or external stakeholders for the development and planning of the children and young people service. Following our inspection the service told us that a retired paediatric professional was a member of the hospital patient focus group and had inputted on the children and young people's ward décor and patient information documentation.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

Since our last inspection the service had improved where we told the hospital it must take action.

We found evidence of learning from when things had gone wrong, and actions taken to prevent recurrence within the children and young people service.

However, we found no evidence that demonstrated innovation within the children and young people service.

Good

Outpatients

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

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 spoke positively about training opportunities and said they were pleased in-person training had resumed following a reliance on remote learning during the pandemic. Line managers encouraged staff to identify training useful for their role, including meeting patient need and developing their professional competences.

Mandatory training was comprehensive and met the needs of patients and staff. Staff were able to request additional or new training to ensure they could meet patient needs. At the time of our inspection, 94% of outpatients staff were up to date with mandatory training. This was slightly below the provider's standard of 95%, which reflected bank staff who could only access training when on shift. The physiotherapy team held 99.8% compliance with training requirements.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. Staff were trained to adapt communication and assessment approach to ensure people understood their options and received the right care.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff benefited from the provider's wider network to access specialist training. Staff with a special interest in a clinical area were supported to arrange and deliver ad-hoc training to colleagues.

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 were trained in safeguarding at a level commensurate with their role. Non-clinical staff undertook safeguarding level 1 training and clinical staff undertook training to level 2 or 3. At the time of our inspection 100% of outpatients and physiotherapy outpatients staff had up to date safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff at all levels understood their responsibilities, such as staff who manned the reception desk and were able to observe patients waiting for an appointment.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Where staff made a safeguarding referral the senior team audited adherence to the pathway and guidance. This took place through clinical governance processes.

Staff had a track record of early action in suspected safeguarding cases. For example, the bariatric team acted on safeguarding concerns when they became concerned a patient with reduced mental capacity was being coerced into seeking weight loss surgery against their will. The team took appropriate, discreet action to protect the patient and ensure they received appropriate support.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a clear escalation pathway to get help with immediate concerns. We saw this worked well in practice during our inspection and staff reacted quickly and appropriately to a patient at risk of self-harm.

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.

Clinical areas were visibly clean and had suitable furnishings, which were clean and well-maintained. Each consulting room had a disposable privacy curtain. Staff marked each curtain with its first date of use and the planned date of change. In all cases curtains were within their disposal date.

The service performed well for cleanliness. Monthly audits of infection prevention and control (IPC) and hand hygiene demonstrated consistent compliance with the organisation's standards and in the previous six months, outpatients achieved 100% against expected standards. Physiotherapy outpatients achieved 100% compliance in each audit and month except for hand hygiene in October 2021, where the team achieved 98% compliance.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. All public areas, such as toilets and clinical rooms, had cleaning schedules. We looked at a sample of ten checklists and found them to be up to date.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff followed published guidance on infection control and engaged with patients and visitors to ensure they were compliant. International guidance for the use of the aseptic non-touch technique (ANTT) was clearly displayed in treatment areas.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds, physiotherapy gym equipment, and portable equipment such as scanning devices. A deep clean of all clinical areas took place weekly.

Good

Outpatients

All clinical areas were compliant with compliant with the Department of Health and Social Care Health Building Notice (HBN) 00/10 in relation to reducing the risk of contamination and infection.

Spill kits were available, and a biological hazard protocol guided staff in its use using an established response plan. All staff completed training in the control of substances hazardous to health (COSHH).

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.

Consultation rooms were fitted with call bells. The nature of the service meant it would be rare a patient was left alone and needed to use the call bell. However, the system was maintained as a best practice safety measure.

The design of the environment followed national guidance. Staff demonstrated how they had appropriate access to evacuation routes and emergency equipment.

Staff carried out daily safety checks of specialist equipment. This included automatic external defibrillators (AED) and resuscitation equipment.

The service had suitable facilities to meet the needs of patients' families. Staff had opened a second waiting room to increase space and privacy in the main outpatients department. Physiotherapy and Orchard outpatients had dedicated waiting areas.

Staff undertook extensive training in fire safety and evacuation response. A fire marshal was always on shift when the service was open, and staff demonstrated a good understanding of horizontal and vertical evacuation processes.

Staff disposed of clinical waste safely. Waste preparation and disposal areas were segregated in line with national guidance and waste disposal flowcharts adhered to Department of Health and Social Care Health Technical Memorandum HTM 07-01, in relation to the management and disposal of healthcare waste.

The ophthalmology environment was in line with Royal College of Ophthalmologists guidance and clinical areas were observed to contain equipment that was suitable to the diagnosis, treatment, and recovery of patients.

Staff followed national guidelines issued by ENT (ear, nose, and throat) UK and NHS England with regards to aerosol-generating procedures (AGPs). This enabled staff to work within enhanced risk assessments to reduce the risk of COVID-19 infection whilst maintaining key services to patients. Standards complied with the guidance outlined in the Department of Health and Social Care Health Technical Memorandum (HTM) 03-01 with regards to specialised ventilation for healthcare premises.

Each senior healthcare assistant (SHCA) or physiotherapy assistant was allocated a clinical room for which they were responsible. This meant they documented medicines storage, equipment, IPC and consumables expiry dates on a schedule that provided assurance of safe practice.

Staff used a planned maintenance programme to ensure equipment was serviced in line with manufacturer guidance. Service level agreements meant staff had access to on-demand equipment servicing in the event of failure.

Good

Outpatients

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. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. All staff were trained in basic life support (BLS) as a minimum and nurses and doctors were trained in immediate life support (ILS). Staff underwent simulated emergency 'crash' scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. We looked at examples of the BLS pathway and found this to be coordinated and timely.

The department had a range of appropriate emergency equipment readily available. Emergency grab bags for adults and children were available on each floor of the building. These included airway support equipment and rescue medicines. The main outpatients department had a fully equipped resuscitation trolley including equipment for airway management for adults and children. We looked at safety check documentation for the previous six months and found staff consistently checked perishable items and planned for their replacement. The latest guidance for emergency care issued by the Resuscitation Council UK in line with COVID-19 protocols and guidance on managing anaesthetic toxicity issued by the Association of Anaesthetists was posted on the trolley along.

Outpatients areas with no emergency equipment stored in the immediate vicinity had clear signage to guide staff to the nearest equipment.

All staff were trained as chaperones and patients or clinicians could request this, including at short notice. Posters advertising chaperones were on display in all outpatient areas and we observed staff proactively offer this to patients.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Clinical staff at all levels understood how to begin this process and provided examples of how arrangements improved patient's outcomes. Staff arranged psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. All staff were trained in de-escalation techniques.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. For example, a significant proportion of work in outpatients involved caring for patients on a surgical pathway. Consultants and surgeons worked closely together to ensure transfers between types of treatment were safe and informed by effective planning.

Nurses and SHCAs in the main outpatients department held a daily handover briefing. We observed a meeting and saw it was well attended with a range of representation and included a review of pressures on the department and identification of any patients with specific needs.

Shift changes and handovers included all necessary key information to keep patients safe. The working model at the time of our inspection meant patients saw a named clinician at a pre-planned time and some patients saw physiotherapists and nurses on the same visit. We saw evidence of effective ad-hoc handovers between teams.

The bariatric team implemented processes for patients at particular risk. For example, the team saw increasing numbers of patients who had undergone community-based assessment for surgical interventions with binge eating but who had not had psychological input into their plans. The team arranged for psychological assessments in such cases to ensure care and treatment was safe.

Good

Outpatients

Patient deaths in outpatients were very rare due to the nature of the service. The most recent death occurred in March 2021 and the outpatient clinical lead had worked with the reporting consultant to carry out a mortality review. This found staff acted appropriately in following the patient's do not resuscitate (DNACPR) status and the provider's protocols for a patient who stops breathing.

Clinical staff maintained up to date care of the deteriorating patient training. Training took place in multidisciplinary teams to aid staff in quickly building a response team during an emergency. Staff said this helped them to view emergencies from different points of view and enabled them to provide a wider range of help.

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, senior healthcare assistants (SHCAs), and support staff to keep patients safe. Staff levels were planned in advance and reflected demand on the service and known treatment support needs. The range of clinics and services available meant additional staff were planned in line with service demand. Consultants released their schedule in advance and the nursing team ensured appropriate clinical support was available. A senior nurse was always on shift when the service was in operation.

The service had low vacancy rates. At the time of our inspection there were vacancies for 1.5 whole time equivalent (WTE) registered nurses.

The outpatients service had higher turnover rates than the hospital average. Between December 2020 and November 2021, turnover was 24% compared with the hospital average of 18%. Turnover in physiotherapy outpatients was 16%. We spoke with the clinical lead about this and they noted a number of bank staff had left the department after it closed due to COVID-19 and remained with their redeployed post.

The service did not use agency nurses. A dedicated team of bank nurses provided additional capacity. This team worked regularly in the service and maintained the same level of training and supervision as permanent nurses. The senior team reported very positive feedback from patients and no associated incidents or complaints.

Managers made sure all staff, including bank staff, had a full induction and understood the diversity of the service. Most bank staff had previously been employed in the hospital and therefore had an embedded understanding of working processes. A buddy system helped new staff by providing one-to-one support and shadowing during their first week in the service.

A team of SHCAs supported the nursing team. All individuals in this team were trained to take blood and change dressings, which significantly increased the capacity of the service.

The service had one associate practitioner. This member of staff led the daily Orchard clinic and provided nursing support to the platelet-rich plasma (PRP) clinic.

Therapy staff planned cover in advance as most appointments were pre-booked. There was some capacity in the system to enable short-notice appointments on referral urgently from a consultant or in-house GP.

Good

Outpatients

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. Consultants from various specialties provided pre-planned appointments. All consultants also worked elsewhere in the provider and in NHS facilities. This ensured they maintained recency in national clinical standards issued by their appropriate royal college.

Consultants provided services under practising privileges arrangements. We saw evidence that the provider checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The service did not use an established number for medical staff as services were offered on an advance planning model in line with the provider's delivery plan.

Managers could access resident medical officers (RMOs) when they needed additional medical staff. An in-house GP service provided additional clinical capacity and support. This team could see patients at short notice and access consultant and surgical care records to provide continuity in the event a patient needed unplanned additional care.

Managers made sure RMOs had a full induction to the service before they started work as part of a locum doctor policy.

The service had a good skill mix of medical staff on each shift. Consultant availability was driven by demand. There were no specialist walk-in services at this location, which meant staff levels were predictable and dependable.

The service always had a consultant on call during evenings and weekends for patients who had undergone surgery in the hospital. This was provided centrally by the provider and patients knew who to contact out of hours.

Two resident medical offers (RMOs), one for medicine and one for surgery, were always on site the service was open. RMOs were not usually based in outpatients but provided consultants and other clinical staff with on-demand clinical reviews for patients who needed urgent attention. This arrangement provided patients with additional safety and meant they could access inpatient care or emergency care with appropriate clinical input.

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.

The medical records team was responsible for the safe storage, archiving, availability, and safety and security of patient records. The hospital used a paper records system and IT was used minimally in recording care and treatment details. Medical records were delivered to the department each morning ahead of clinic start times and staff used a cross-checking process to ensure they had the required notes for each patient.

Patient notes were comprehensive, and all staff could access them easily. We looked at six sets of patient records. We found them to be up to date and clearly written with a focus on good patient outcomes. Staff consistently documented allergens and sensitivities and noted other issues that may affect treatment such as mental health conditions and whether the patient requested or needed a chaperone.

Consultants held their own licenses for patient data and shared these with other clinicians with patient consent. We found consistently good standards of labelling and tracing in patient records with clear names, roles, and dates assigned to each result or assessment.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff used an electronic patient records system that could be accessed at any of the provider's sites. This enabled staff to readily access treatment notes at any time. This also enabled authorised clinicians to access records where care and treatment plans were shared or transferred.

Staff had digital access to a picture archiving and communication system (PACS) to access and review diagnostic imaging files, such as x-rays.

Medical records were stored securely. The electronic PACS system was secured, and care records encrypted. Only authorised staff could access the system.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked in outpatients and those available, such as steroid injections and pain relief, were stored and prescribed appropriately.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff followed current national practice to check patients had the correct medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff checked the temperature of medicine storage areas daily to ensure it remained within manufacturer safe guidelines. Fridge temperatures were monitored electronically. Medicines were stored in locked boxes with limited access. Staff carried out stock checks before and after clinics and cross-referenced these with the on-site pharmacy.

Clinics operated longer than the on-site pharmacy was open. Where doctors prescribed medicines out of hours, patients could access a nearby pharmacy with extended opening hours. The service also had access to an on call pharmacist for any urgent issues.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, staff reviewed care and treatment records for patients under the service of different clinicians to ensure medicines were not excessive. This included adherence to international guidance on the risks associated with overuse of skin numbing creams.

Outpatients performed consistently well in the quarterly medicines management audit. In the most recent two audits the team achieved 100% compliance.

Good

Outpatients

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 could give examples of incidents they would report and how they would do this. The provider used an electronic reporting system that enabled a good standard of monitoring and tracking.

Staff raised concerns and reported incidents and near misses in line with provider policy. All staff we spoke with were confident in reporting incidents and near misses.

The service had no never events or serious incidents. The outpatient clinical lead had identified one trend in incidents relating to rejected blood samples. This occurred as a consequence of using handwritten labels on blood vials and the lack of on-site laboratory facilities. The lead implemented more frequent reminders for staff and training on accurate labelling to address the issue. The service reported seven incidents between September 2021 and November 2021. These were unconnected and related to COVID-19 infections, a staff fall, and the incorrect labelling of a blood sample.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. All clinical staff were trained and empowered to implement the duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of this by looking at staff meeting minutes, which including a standing agenda item to review incident reports and feedback.

Processes were in place to report and resolve incidents that involved external service providers. For example, external staff provided hearing and lung physiology clinics in outpatients using local equipment. Where staff reported incidents in these clinics, they followed a dual process that meant both providers reviewed details for future learning.

Are Outpatients effective?

Inspected but not rated

We do not rate the effective domain.

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The clinical team provided care and treatment in line with their clinical specialty, including that issued by the National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynaecologists, and other relevant organisations.

Good

Outpatients

Allied health professionals (AHPs) planned and delivered care in line with best practice guidance from relevant organisations such as the Chartered Society of Physiotherapy (CSP) and the British Dietetic Association. For example, staff adapted national patient reported outcome measures (PROMS) and the FODMAP diet (used to manage carbohydrate intake in patients with digestive needs) to plan patient care and ensure it met national guidance and standards.

Staff protected the rights of patients subject to the Mental Health Act and followed the national code of practice.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

The bariatric team monitored patient outcomes and care standards in line with reporting requirements for the National Bariatric Surgery Register. Monitoring included volume of demand and post-surgical readmission rates. Staff assessed each patient using international ethics criteria for weight management care and treatment.

The outpatient clinical lead collated monthly audit results from specialist clinics. This included a gynaecology audit and a nasogastric audit. Audits assessed the services for compliance with best practice standards in patient care and the provider's standards. Both services achieved 100% in the previous six months of auditing.

We reviewed six sets of patient records and found staff used national and international best practice tools when assessing patients' needs. Staff used tools appropriate to each patient. For example, staff used the international CAGE assessment (a set of four standardised questions delivered in a specific criteria) to identify alcohol dependency and carried out smoking assessments for appropriate patients. Assessments for women's health included discussions of hormone replacement medication and hormonal contraception.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff prescribed, administered and recorded pain relief accurately. A dedicated pain relief team provided care for patients who experienced chronic pain, including interventional pain relief techniques.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, including national standards.

Consultants and medical professionals representing a range of clinical specialties provided care and treatment within specific national guidelines and outcome measures set by the accrediting agencies in their specialty. For example, the bariatric team worked to NHS standards of optimal body mass index health. The team assessed patients using holistic tools to identify how they could plan for the best possible outcomes.

We observed the AHP team worked with patients to define and work towards outcomes important to them. Post-surgical pathways often included outpatient rehabilitation therapy and AHPs ensured care plans incorporated goals and outcomes important to the patient in addition to standard clinical outcomes.

Good

Outpatients

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.

Training was competency based and senior staff assessed completion standards and staff knowledge in line with provider polices and guidance. For example, all staff were required to undergo chaperone competency training. The training and assessment tested individual understanding of the chaperone policy and required staff to consider scenarios in which a patient was likely to need a chaperone. We reviewed three examples of chaperone competencies and saw staff demonstrated a good standard of knowledge. For example, staff identified patients with specific religious or cultural needs as a high priority for chaperone offers.

Nurses and senior healthcare assistants (SHCAs) worked across outpatient specialties and undertook competency training for each. Staff told us this was a clear benefit of their role as it meant they built and maintained multidisciplinary competencies. We reviewed examples of competency training for staff working in the gynaecology and urology clinics. Training processes were comprehensive and included practical competencies in the use of equipment as well as patient management skills and communication skills.

Competencies were based on national policy and treatment standards and staff were required to build understanding of how such standards benchmark their practice. This system worked effectively and ensured patients were cared for by a multidisciplinary team of staff who were supported to develop their range of interdisciplinary professional skills.

Three SHCAs had completed phlebotomy competencies, which enabled the service to offer same-day blood work.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who had recently completed the induction spoke positively about the experience and said managers and clinical leads were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. At the time of our inspection 100% of staff in outpatients and physiotherapy outpatients had an up to date appraisal.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. At the time of our inspection all nurses and healthcare assistants were up to date with supervisions and appraisals.

The service facilitated an atmosphere of learning that aimed to engage with staff at all levels. SHCAs completed the national care certificate and had opportunities to complete national vocational qualifications (NVQs).

Consultants led education sessions with the AHP team through monthly sessions and special events. This had included competency-based training on electrotherapy and a specialist respiratory training programme.

Staff in the bariatric team completed World Obesity Federation accredited training to ensure care was in line with international standards.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers encouraged staff to identify and request training at any time.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff said meetings had been maintained during COVID-19 restrictions and focused on supporting their wellbeing and mental health.

Managers identified poor staff performance promptly and supported staff to improve. This was a centralised process with support from a dedicated human resources team.

Consultants worked within practising privileges and scope of practice guidance managed by the provider. This meant they worked to expected standards of care, safety, training, and quality.

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. Clinical nurse specialists worked in key roles across the organisation and provided on-demand reviews and care as part of pre-assessment and post-surgical pathways. The team included a tissue viability nurse and a pain nurse. The range of specialisms represented demonstrably led to improved care access and services for patients. For example, the tissue viability team was expanding the service to introduce nurse-led ulcer clinics.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. Clinical staff were curious and proactive in expanding their specialty across current boundaries and seeking opportunities to work together. This led to the establishment of services such as a bariatric care pathway.

Allied health professionals worked across the service to support patients at points of their care. This team included dieticians, physiotherapists, occupational therapists, and speech and language therapists. Dieticians were a core element of the digestive care pathways and provided dedicated therapy and consultation. Therapies staff provided pre-assessment reviews for all patients before they underwent surgery. This was a safety-based strategy that ensured patients were fit for surgery and that it had the maximum potential for success.

Staff referred patients for mental health assessments when they showed signs of mental ill health. Doctors referred patients internally to the provider's services, or to other services in the NHS, such as GPs. Staff convened multidisciplinary meetings with external partner organisations and colleagues to ensure shared care was well coordinated.

The bariatric team had built a demonstrably multidisciplinary package of care and treatment. This meant patients met with a dietician, a consultant, and a bariatric nurse during their treatment to ensure it was planned to their specific needs. This multidisciplinary team reviewed each patient before treatment was approved and then at regular intervals during the care pathway. Physiotherapists and occupational therapists joined the care team after surgery to provide patients with on-going therapeutic care to maximise the benefit of their treatment.

Good

Outpatients

Consultants worked seamlessly with NHS services where this would improve patient care and outcomes. For example, the respiratory team referred patients to NHS biological therapy services for specific cytology. This meant patients received specialist care across services, which maximised the potential of good outcomes.

Seven-day services

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

The department was open Monday to Saturday with flexible appointment times offered between 8am and 9pm. Outside of these hours, patients could access support and advice through the provider's dedicated out of hours service provided by inpatient staff.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. Staff liaised with colleagues elsewhere in the provider, in other services and in the NHS to ensure patients had timely access to appropriate care.

Pathology services were provided off-site by a United Kingdom Accreditation Service (UKAS) laboratory. Couriers collected samples three times each day the service was open.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual interested in a healthier lifestyle. Staff demonstrated extensive knowledge of wider specialist services in their areas of care and in the region.

From our review of patient records we found staff proactively sought health promotion strategies to improve patients' health and improve their quality of life. For example, one clinician had noted a discussion in which they made advice about diet, lifestyle, and exercise to address neurological deterioration. The notes were person-centred, compassionate, and reflected a balance between the patient's health needs and their personal preferences.

Staff had organised an online special event with a world-renowned gynaecologist that enabled patients to ask open questions about their care needs and questions they were curious about. The doctor was a well-known social media personality, and this enabled patients to relate to them and reduce stigma around asking personal or intimate questions.

Where patients seeking weight loss surgery had been considered unsuitable candidates, dieticians offered bespoke health promotion care and intervention for weight management.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Good

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's overarching consent policy.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff noted this was a rare occurrence and usually happened when a patient living with dementia attended for a routine appointment.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment.

Clinical staff received and kept up to date with training in the Mental Capacity Act 2005. At the time of our inspection 100% of staff had up to date training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff had a strong culture of proactive action when supporting people with acute mental health need.

Mental health processes were multidisciplinary, and staff deployed them in patients' best interests. For example, the bariatric team had access to an external specialist psychologist and liaised with community mental health teams and GPs where patients were located. Patients often travelled large distances to access this service and staff ensured they maintained contact details of the patient's local services, including for crisis referral.

The bariatric team followed a consent process specific to the nature of care and treatment. They considered each patient's state of mind, lifestyle influences, and reasons for seeking weight reduction surgery. This ensured patients were not being coerced or influenced and they understood the nature of treatment. This process enabled the team to identify potentially harmful mental health conditions that could sometimes lead people to seek unnecessary treatment.

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. We observed a number of very positive interactions between staff and patients that demonstrated kindness and patience.

Patients said staff treated them well and with kindness. Patients consistently scored the service highly in the monthly experience survey.

Staff followed policy to keep patient care and treatment confidential. We observed interactions that protected patient's personal information.

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. The department did not provide a dedicated mental health service and staff referred patients to other specialists and services when needed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff recognised the different communication needs of people based on their age and culture and delivered care accordingly.

Senior healthcare assistants (SHCAs) supported treatment clinics. SHCAs promoted continuity of care with patients by supporting them throughout a course of treatment. This helped patients to feel safe and comfortable and meant they experienced consistent care from the same staff. This was a point of pride amongst the staff we spoke with. One individual said, "I like to make [patients] feel special. I treat them like my family, if we can't do that then there's no point being here."

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. Many patients received long-term care in the department and staff built supportive relationships with them as a result. This enabled the team to identify any change in need and to provide important reassurance for treatment outcomes.

Staff considered emotional care and support at all stages of the patient's pathway. This was reflected in clinical plans. For example, considerable planning had gone into a new bariatric specialist nurse team, including the appointment of a clinical nurse specialist and creation of a new specialist physiotherapy role. Staff noted patient emotional support as a key focus of the service. This treatment was intense and often challenging for patients and the team spent time with each individual to support emotional resilience and assure them during difficult periods. The service reported early success in its outcomes and staff attributed this to the importance of ensuring patients had consistent emotional support.

Staff supported patients who became distressed and helped them maintain their privacy and dignity. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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. The provider's mission statement was focused on a commitment to care and improving people's lives. Staff embraced this and were demonstrably committed to delivering care that promoted good emotional outcomes.

The bariatric team provided considerable emotional support and care to patients on the two-year pathway. This reflected the emotive nature of weight loss surgery and decision-making processes and meant patients had access to structured long-term support. The team referred patients to community support groups and extended post-surgery care if this was in a patient's best interests. Anxiety was common amongst patients both before and after treatment and the team worked with each individual to identify solutions.

Good

Outpatients

SHCAs trained as chaperones specifically for the gynaecology service. The intimate nature of the service presented staff with unique challenges relating to patients' emotional needs and the chaperone training reflected a focus on empathy and more advanced one-to-one engagement.

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. Throughout our inspection, staff referred to the importance of patient-led discussions and explained how they facilitated these.

Patient feedback showed that people appreciated the lengths staff went to in order to understand their conditions and long-term needs.

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.

Staff supported patients to make informed decisions about their care. Staff at all levels were demonstrably invested in delivering care that was informed or led by patients. Staff said the most important outcomes from care were those the patient wanted to achieve themselves and they based treatment decisions on this ethos.

Patients gave positive feedback about the service and 100% of patients included a satisfaction survey in the previous six months said they would recommend the care.

We observed a post-surgery physiotherapy rehabilitation session and found staff were focused on providing care that was compassionate and meaningful for the patient. Staff discussed the patient's expectations with them and identified gaps in information they had been offered pre-surgery. The physiotherapist asked the patient about their worries and how the surgery had impacted their life. When the patient appeared anxious about practising some movements, the physiotherapist asked, "Do you trust me?" and used this discussion to build an excellent rapport. Throughout the session the physiotherapist was proactive in managing the patient's needs and made sure they both fully understood each other.

Are Outpatients responsive?

Good

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

Service delivery to meet the needs of 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.

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. Decisions about appointment frequency were always made in patients' best interests.

Facilities and premises were appropriate for the services being delivered. Consulting rooms were all equipped with examination beds and individual medical consumable storage trollies. Nurses were always on shift and available to support doctors and allied health professionals in clinical tasks such as taking blood pressure.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. The provider's dedicated on call team maintained this service when the department was closed.

The service had systems to help care for patients in need of additional support or specialist intervention. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan. This meant patients did not receive persistent treatment when there was a lack of evidence it worked in their best interests.

Managers monitored and took action to minimise missed appointments. They reviewed missed appointments in monthly staff meetings and reviewed each to ensure there were no safeguarding concerns or serious clinical implications.

Managers ensured that patients who did not attend appointments were contacted. This was rare as staff called each patient at least one day before their appointment to ensure they would still attend. Staff also checked if they had any support needs around access and transport.

Staff ensured services were flexible to account for last-minute changes caused by COVID-19 disruption, such as if a patient received a positive test result. Consultants called patients to check on them if they were late or did not turn up for an appointment and worked with them to facilitate alternative appointments.

Staff planned specialist clinics in partnership with external providers based on local demand and need. For example, a specialist hearing service operated from outpatients, and the hospital's consultants referred patients for rapid access.

A lead nurse, physiotherapist, specialist nurse and healthcare assistant led a bariatric service. This was one of only a handful in the country and patients travelled considerable distances to access the specialist service. The team had developed a streamlined pathway in which the senior healthcare assistant (SHCA) completed swabs, bloods, and an ECG and the lead nurse carried out a series of clinical interviews with the patient to assess suitability for bariatric surgery. The team provided post-surgical care for two years to enhance the effectiveness of procedures.

The bariatric team were adapting an existing enhanced recovery programme to better meet the needs of their patient group.

Three consultants led a respiratory clinic with the ability to refer patients to the lung function service. The lead consultant described this as 'protocol-driven care' and said it offered patients with a range of subspecialty access, such as for interstitial lung disease. The clinic offered same-day cardiopulmonary exercise testing (CPET), significantly reducing the need for patients to travel to multiple sites and await new appointments.

Good

Outpatients

The nursing team had improved the availability and capacity of the ophthalmology service. A team had completed training in field analysis and barometric pressure readings that meant the service could expand deliver care that was not solely reliant on consultants.

A specialist team, including the associate practitioner, led the platelet-rich plasma (PRP) clinic. This was an innovative service that used emerging research and understanding of sports medicine to heal damaged ligaments, tendons, joints, and muscles.

The allied health professional (AHP) team led a dedicated outpatient unit that included physiotherapy, occupational therapy, dietetics, and speech and language therapy. Therapists developed into highly specialised roles such as women's health care, bowel care, musculoskeletal therapy, and lymphoedema care for patients who received oncology treatment.

The physiotherapy team had introduced a new women's health service, which provided individualised physiotherapy support for women's health needs. A named physiotherapist led individual care from initial consultation to the initial pre-operative phase through admission and post-operatively. They supplemented the process with phone call follow ups and then specialist face to face treatments. This ensured consistency and familiarity of care that reflected its sensitive nature.

The ophthalmology team was leading an improvement programme to implement highly specialised standards of treatment approved by the Royal College of Ophthalmologists. This reflected the approach of staff to continual service improvement.

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 provider delivered multiple opportunities for staff to build their skills in delivering care and effectively communicating with people living with conditions such as these. This included case studies, role plays and specialist training.

Managers made sure patients could get help from interpreters or signers when needed. The provider had an extensive, well-established language support service to ensure care was responsive.

Staff maintained resources and training to help them communicate effectively with patients living with specific needs.

All areas had step-free access and baby changing and disabled toilets were available.

Waiting areas were bright, airy and well ventilated with comfortable seating. Staff facilitated private areas to wait on request. Waiting areas were equipped with fresh drinking water, tea, and coffee.

Staff demonstrated nuance in care planning and delivery when considering patients' cultural and religious needs. For example, staff understood people of certain faiths could only see medical staff of the same gender. Where support was needed during an appointment, such as a nurse assessment or a chaperone, staff recognised individual needs and arranged for culturally appropriate staff to support.

Good

Outpatients

Women visiting gynaecologists had access to a separate, more private waiting area. This enabled discretion and allowed women to wait in a single-sex area. Printed gynaecological health information was available in this area along with signposting to accredited information sources. The gynaecology treatment room had a private toilet as part of enhanced privacy.

Waiting areas were equipped with bariatric chairs for patient comfort and safety.

The AHP team continually developed new care services for patients to help meet their needs. The team offered an innovative technology-led gait scanning service for patients that helped to design bespoke insoles. This process helps patients to get the most out of hip replacement surgery and prolongs the positive impact of the procedure. The team offered vestibular therapy, for patients who suffered from dizziness, and cardiac rehabilitation across a spectrum from daily improvements to the needs of elite athletes.

The outpatient physiotherapy team used a digital application to provide patients with exercises as part of treatment pathways. These could be delivered in different sized fonts and formats, such as through videos that enabled those with communication difficulties to understand their treatment plan. The videos could be provided in different languages to improve access to treatment.

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.

Staff provided patients with appointments that offered enough time to fully talk through their concerns and answer their questions.

Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience. For example, patients underwent blood test, imaging, a consultant review and pre-surgical consent in the same appointment.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection no clinical specialties had waiting times longer than one month for an appointment. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this.

Managers worked to keep the number of cancelled appointments to a minimum. Where a clinician had to cancel an appointment unavoidably, the service was usually able to reschedule with another doctor in the same specialty. GPs were always available on site and provided rapid access to onward specialist referral to minimise wait times and mitigate the impact of any service disruption.

Staff supported patients when they were referred or transferred between services. Managers monitored patient transfers and followed national standards.

The bariatric team accepted referrals from NHS providers as part of work to address a significant backlog and lack of capacity in the region.

Good

Outpatients

Consultants spoke positively about the availability of additional on-demand services. This included bronchoscopy, lung physiology, and a range of AHP therapies. A dedicated consultant relations service audited clinic utilisation to ensure efficiency.

A bed manager was on site daily until 3pm Monday to Friday and coordinated unplanned admissions with consultants. After 3pm and at weekends the senior nurse on site coordinated admissions or emergency transfers.

A separate department and team provided paediatric care and outpatients did not arrange paediatric clinics. However, nurses maintained paediatric competencies to support other clinics in periods of high demand. This meant they could support paediatrics with taking height and weight of patients and carry out chaperone support.

AHP pathways were clearly defined and therapist clinics were embedded in the inpatient/outpatient flow of the hospital. Consultants and nurses referred patients to therapists for additional care outside of formal pathways where this was in the best interests of the patient.

Respiratory physiotherapy was available on an on-call basis out of hours.

The physiotherapy team provided a new service to patients referred by the NHS, whereby a one-off telephone advice appointment enabled staff to provide advice, signposting, onward referral or further phone calls or physiotherapy treatment.

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. Information was also readily available from staff and on the hospital's website.

Staff understood the policy on complaints and knew how to handle them. Staff were trained to resolve minor concerns raised by patients at the time as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Managers investigated complaints and identified themes. Outpatients received 71 complaints in the last 12 months. The service resolved the majority of complaints within 20 days and all complaints had been fully resolved within 50 days. The service combined complaints received in outpatients with those received in the consulting suite; we do not include this area in out outpatients inspection. We looked at the resolution process used by the senior team and found this involved all relevant people and reflected a transparent process with the complainant throughout.

The outpatient physiotherapy service manager investigated and resolved complaints in the AHP service. Complaints were rare and the service had received two in the previous 12 months. The department lead identified learning from both complaints. For example, one patient made a complaint because they felt isolated behind privacy curtains whilst waiting for their physiotherapist. Staff adopted this as important learning because it highlighted some patients preferred to be able to see others rather than have visual barriers between them.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Good

Outpatients

Are Outpatients well-led?

Good

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

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.

An outpatient clinical lead had day to day operational responsibility for the department and a physiotherapy lead fulfilled this role for the allied health professional (AHP) service.

A new registered manager for the hospital was in post and most staff we spoke with said they did not know them and had not met them. However, they spoke positively about overall leadership and senior colleagues and said this was a supportive place to work.

See information under this sub-heading in the surgery section.

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 vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff understood the care philosophy, vision, and mission of the provider. They recognised their role in this and discussed how their work and efforts meant the service was well respected and progressed.

See information under this sub-heading in the surgery section.

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.

Staff spoke positively about management support during COVID-19 closures and pressures. One nurse said, "[Senior team] are approachable, very supportive. Closing [due to the pandemic] was very hard and being redeployed was challenging. I felt that we were supported really well all the way through."

Staff were unwaveringly loyal to the hospital and its mission and demonstrated flexibility and adaptability in dealing with frustrations and challenges. For example, staff described persistent and substantial problems with ageing

computers in the department and told us they had adapted to work around this in the absence of a solution from the provider. After our inspection the provider sent us evidence of improvements to the IT infrastructure. This included improvements already in progress, risk mitigation, and future planning. This demonstrated awareness of the issues staff raised with us although we were unable to clarify why staff were unaware of the improvements.

Staff said opportunities for progress and development were substantial and they were able to build roles across clinical specialties and areas of the hospital. For example, one senior healthcare assistant noted they had worked in plastics, the breast clinic, and in bed management operations. They noted this was a key positive aspect of working in the hospital and helped to build good levels of staff retention.

The senior team organised weekly mental health support for staff to help with additional pressure and anxiety during the pandemic. Staff spoke positively about this and said it helped them to continue to provide a service despite extraordinary demands.

The service operated a 'shout out' system to recognise staff who had gone the extra mile and for delivering an exceptional standard of work. The most recent shout out had been awarded to a housekeeper for their standards of cleanliness in the clinical environment. Staff said the scheme was motivational and 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.

Consultants and clinical leads spoke positively about governance arrangements. They spoke of a highly competent, forward-thinking senior team that enabled clinical specialties to establish governance arrangements most suited to their needs. For example, the clinical lead for respiratory medicine was an NHS-commissioned clinical director in another hospital. They had developed a governance structure for the specialty that met the wider requirements of the provider and enabled clinical monitoring.

A range of clinical and non-clinical professionals held a bi-monthly Medical Advisory Committee (MAC) that reviewed and maintained oversight of practice, leadership, risk, and governance. A consultant or lead from each clinical specialty joined the MAC. Consultants told us the committee was well led and provided them with critical insight into the safety and operation of the wider service. The lead for respiratory medicine had established the clinical service with support from members of the MAC and said the committee had been instrumental in establishing safety protocols for patients. See our surgery core service report for more detail on the MAC at hospital level.

Day to day governance processes formed part of a 'ward to board' assurance process. This meant senior staff maintained oversight of operations across the hospital and departmental staff, such as outpatient staff, continually monitored governance issues. Monthly department reports supplemented this process and ensured the team kept track of risks, safety alerts, questions raised by staff, incidents, and complaints. The outpatient clinical lead organised monthly team meetings to review the snapshot reports.

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.

Good

Outpatients

The senior team worked with staff to implement new performance management support processes after the service re-opened following a COVID-19 closure. Staff said the new approached focused on each individual's mental health and the impact of the pandemic as a strategy to provide support that was holistic rather than just procedural.

The hospital senior team maintained oversight of a corporate risk register. The outpatient clinical lead managed a risk register specific to the service. The lead reviewed risks monthly and we saw evidence of consistent evidence-based updates. At the time of our inspection, there were two risks on the register. These related to mandatory training rates dropping below the expected 95% standard and risks associated with COVID-19 infections.

The physiotherapy outpatient risk register had two key ongoing risks, both relating to privacy and dignity. One risk noted confidentiality might be compromised during discussions with patients because of the use of curtains in rooms where multiple patients might be accommodated. Another risk related to dignity in the gym. This was a shared space and some patients may feel self-conscious or uncomfortable undergoing therapy when other patients were present. Staff mitigated these risks by maintaining discretion during discussions with patients and offering patients side rooms and alternative gym appointments.

The outpatient clinical lead joined the daily operations meeting with all heads of department and service. We observed the meeting and saw it was effective in recognising bottlenecks in the service and pressure on staff and appointments. Staff collectively solved problems and reviewed risks.

Staff described a good safety culture in which they were supported to raise concerns and issues. The outpatient clinical lead implemented a supportive policy that meant if staff ever felt a procedure was unsafe, they were to stop and escalate it. This process improved confidence for newer staff and empowered the team to speak up.

Staff noted some areas of performance were impacted due to slow and unreliable computers. This was present on the risk register. After the inspection, the provider sent us evidence that the service was undertaking an extensive IT overhaul project to replace dated equipment and improve systems. This was due to be completed in 2022.

Where external providers delivered care and treatment on the premises using locally managed equipment, the senior team ensured safety working practice agreements were in place. For example, external organisations delivered a hearing clinic and a lung physiology clinic. While these staff did not work for this provider, they used their equipment. This meant the local senior team had oversight of equipment safety and maintenance.

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.

All staff undertook training in data security and information management. At the time of our inspection the outpatients and physiotherapy outpatient teams were fully up to date.

Consultants held professional licenses to store their notes from patient appointments. They managed this data in line with an information governance standard and worked within the organisation's strict data compliance measures.

See information under this sub-heading in the surgery section.

Good

Outpatients

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.

Staff said they felt involved in the service and appreciated regular communication across teams and with managers. Each clinical lead or head of service prepared a monthly snapshot of the team, including performance information and changes, such as leavers and new starters.

Allied health professionals carried out a patient satisfaction survey specifically for outpatients. The team consistently achieved a 100% recommendation rate. The senior team incorporated feedback results into staff communications as a strategy to keep momentum in driving patient satisfaction.

Senior AHP staff used a 'QA on a page' to involve the whole team in governance and quality assurance processes. The team met every two weeks to discuss incidents, complaints, and other issues important to the department.

See information under this sub-heading in the surgery section.

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 and participation in research.

Staff had readily adapted their services to virtual care where possible during COVID-19 closures. This included consultant-led sessions and physiotherapy sessions. As part of the temporary restructure, some nurses and physiotherapists undertook intensive training to support inpatient colleagues, including in critical care. Staff said this led to new understanding of the effectiveness of virtual care as well as when tactile care was more important. Senior staff noted the benefits of cross-trained staff with increased skill mix.

The lead bariatric nurse was working to increase the profile of the service and reduce stigma around eating disorders and weight loss interventions. The team followed international ethical protocols and engaged with leading-edge research to inform service delivery and development.

The AHP team continually sought innovative approaches to maintaining and improving patients' health during COVID-19 restrictions. For example, the team maintained a cardiac rehabilitation programme during outpatient service closures to ensure people could maintain good health as far as possible. The team extended this service to athletes to enable them to maintain high standards of performance during restrictions on practice.

During the pandemic, physiotherapy appointments were conducted virtually to keep footfall at the hospital to a minimum. The service identified the offering had greatly assisted vulnerable clients or those who found it difficult to travel. As a result, the service kept the offer available, despite easing of restrictions, to provide assessment and treatment options in response to patient needs.

There was a deeply embedded approach to developing the workforce. Nurses said they were asked by the senior team on joining the service about their career and clinical interests, which led to offers of specialisation. For example, a nurse who had undertaken gynaecology training had developed a local guide for colleagues to help them get used to the service and support them in skills development.