Spire Healthcare Limited

Spire Clare Park Hospital

Inspection report

Clare Park
Farnham
GU10 5XX
Tel:

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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 well-led?	Good

Summary of findings

Overall summary

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

- Openness and transparency about safety was encouraged. Staff understood their responsibility to raise concerns and report incidents. When something went wrong, thorough investigation took place involving all relevant staff and people who use services. Lessons were learned and communicated widely to support improvement in other areas as well as services that were directly affected.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. There were effective handovers and shift changes, to ensure staff could manage risks to people who used services.
- Staff were appropriately qualified and had the skills to carry out their roles effectively and took account of best practice. The learning needs of staff were identified, and training put in place to meet their learning needs. Staff were supported to maintain and further develop their professional skills and experience.
- The leadership actively shaped the culture through effective engagement with staff, people who use services and their representatives and other stakeholders.
- There was a clear governance framework to monitor quality, performance and risk at department, hospital and corporate level. Staff told us they were aware of the risks, and action taken to mitigate these risks for their individual departments.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Spire Clare Park Hospital

Spire Clare Park Hospital is purpose built and opened in 1984; it is run by Spire Healthcare Limited. The hospital is located just outside of Farnham, in its own grounds with parking. The hospital has two wards with 29 registered beds, used flexibly for inpatients and day care, and a 3-bedded enhanced recovery unit. All the beds are in single rooms with en-suite bathrooms. There is no emergency department or critical care services at the hospital.

The on-site facilities include three operating theatres (two with laminar airflow).

The hospital provides a range of services to patients over the age of 16 years. All patients aged 16- 18 years must undergo a risk assessment to confirm that they can follow the adult care pathway.

The hospital provides NHS funded care and care for patients who choose to self-pay or use private medical insurance. Services offered include general surgery, cosmetic surgery, orthopaedics, dermatology, physiotherapy, gynaecology, endoscopy and diagnostic imaging. We inspected the hospital as part of our focused inspection programme. This inspection looked at one core service provided by the hospital: surgery services.

The registered manager for the location is Mr Ian Thomson. The nominated individual is Mrs Alison Dickinson.

How we carried out this inspection

We carried out this unannounced inspection using our focused inspection methodology on 21 September 2022. We reviewed policies and procedures, audits, staff training records, risk registers and reports.

We inspected surgery services focusing on safe and well-led care.

During the inspection we spoke with staff including theatre and ward staff, housekeeping staff, porters, pharmacy, physiotherapy, the director of clinical services and the hospital director.

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.

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.

We did not identify any specific MUST or SHOULD actions.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Good

Surgery

Safe	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.

Managers monitored mandatory training and alerted staff when they needed to update their training. New staff on the wards and in theatre had an induction programme. This covered the key statutory and mandatory training. Staff could access their training records via a dashboard system. This indicated whether they were compliant or not.

Nursing staff received and kept up-to-date with their mandatory training. Current compliance for mandatory training for the inpatient ward was about 81 percent. Staff told us the lower rate of compliance was due to recent changes to the delivery of the Intermediate Life Support (ILS) training. The hospital education lead used to deliver this training on site, however this post had been made redundant. The new role of 'hub' education lead had been developed and recruited to. This initially led to delays in availability of ILS training, however these had been resolved, and dates had been booked in for staff.

Staff told us they were given protected time to complete their training. They could also access training online from home.

Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy.

The hospital used Resident Doctors (RD) to provide onsite medical support. RD mandatory training was provided by their employing agency, this included advanced life support training. Where a consultant did not work in the NHS, access was provided to Spire's training system to keep up to date.

The mandatory training was comprehensive and met the needs of patients and staff. The training includes equality and diversity, fire safety, infection prevention and control, safeguarding and moving and handling. Staff also completed on-line training that included modules relating to mental health and mental capacity. Staff were able to describe how they would assess a patient's capacity. Bank and agency staff are required to complete a local induction programme and must have completed their BLS or ILS training relevant to their role.

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. The director of clinical services was the adult and paediatric safeguarding lead in the hospital and trained to level 4 in safeguarding. The director of clinical services was supported by additional colleagues who had been trained to level 4.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were aware of how to raise a safeguarding concern and told us who the safeguarding leads were at the hospital.

Safeguarding was part of mandatory training at the hospital for all staff. Nursing staff were trained to level 3 and health care assistants to level 2. Safeguarding training was delivered via e-learning and compliance was monitored by the ward manager. 93% of relevant staff had completed their adult safeguarding training and 97% of relevant staff had completed safeguarding children training.

The hospital did not treat children or young people under the age of 16 years. All young people aged 16 years and above were risk assessed at the central Spire Southampton hub to ensure they could be cared for on the adult surgical pathway.

Staff gave examples of safeguarding concerns they had raised about a young person using the services. They described how they worked with the young person, their family and the relevant authorities.

The hospital had a daily site meeting referred to as 10 at 10. All departments attend this meeting and safeguarding was included as a standing agenda item. Staff could discuss any safeguarding concerns and any learning from previous experiences was shared. We attended one of these meetings and saw safeguarding concerns discussed.

The hospital had access to and used the Spire Group safeguarding policy. We saw the policy was in date.

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. The ward areas were visibly clean at the time of the inspection. We noticed low level dust in the inpatient ward corridor, notably near the fire equipment and in the corners of the corridor.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Hospital staff completed daily cleaning checklists for the ward and theatre. All public areas had cleaning schedules. We reviewed a sample of checklists which were up-to-date.

We observed areas in theatre that were damaged, for example damage to doors which staff told us impeded effective cleaning. Staff told us, and we saw, the hospital had a refurbishment programme planned for early 2023.

Easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. However, some non-clinical areas of the hospital were carpeted including the stairwell. The refurbishment plans included removal of carpet.

General cleaning of the hospital including theatres was carried out by housekeeping staff. A bi-annual deep clean of theatres was outsourced to another provider.

Good

Surgery

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE such as face masks, gloves and aprons in theatre areas and the ward and disposed of them appropriately. Staff were observed washing their hands and using hand gel following patient contact. Hand gel was readily available to patients and staff.

There was a clear process for the management and prevention of infection. We observed staff adhered to the 'bare below the elbow' policy. Bare below the elbow means clinical staff were not wearing long sleeves, no jewellery on wrists or fingers and no false nails or nail varnish.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. On the ward we observed equipment items had green 'I am clean' stickers in place, indicating they were clean and ready to use. We found one commode with a yellow sticky solution on the underside of the seat. The commode was labelled as clean. We raised this with the ward manager at the time and this was immediately addressed. All other equipment we inspected was found to be clean.

Staff worked effectively to prevent, identify and treat surgical site infections. Patients were screened for meticillin-resistant staphylococcus aureus (MRSA), prior to admission to hospital, this was recorded in the patient's records.

Two of the three theatres had a laminar flow system, which circulates filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. We saw that the ventilation system within theatres had been regularly checked for bacteria.

The hospital displayed information, in the reception area on a notice board, that included there had been no incidents of MRSA bacteraemia or clostridium difficile in 2022.

Staff used records to identify how well the service prevented infections.The hospital reported a surgical site infection (SSIs) acquired rate of 0.8% for August 2022. These related to 3 superficial SSIs report in August 2022.

The organisation had recently reviewed their structure from the provision of lead infection control nurses based at each site. There was now one lead infection control nurse who now covered 3 sites within the hospital hub network. There had been a short gap between the previous post holder and the current interim infection control lead.

Environment and equipment

The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. Some design aspects of patient rooms needed refurbishment and there were approved plans to address the concerns.

Staff carried out daily safety checks of specialist equipment. The wards and theatres had resuscitation trolleys for use if a patient had a cardiac arrest. Records showed staff checked the trolleys daily in line with professional guidance and hospital policy to ensure equipment was available and in date. All trolleys had a tamper proof tag to prevent access by unauthorised personnel.

The contents of the inpatient resuscitation trolley were tidy, visibly clean and all consumables were in date.

Theatres had a difficult intubation trolley. This included equipment to be used when a patient's airway was difficult to manage. The trolley was checked weekly and signed in accordance with hospital policy.

Staff told us all equipment was tested annually or as required and this was coordinated centrally. The ward manager had a record of equipment checks.

The estates team attended the daily hospital meeting and they provided an update on equipment services and issues.

The hospital had three operating theatres for surgical procedures. Two of the theatres were fitted with ultra clean ventilation systems also known as 'laminar flow'. These theatres were prioritised for procedures with a higher risk of infection such as joint surgery.

The hospital had a three bedded recovery area with facilities to care for patients in the immediate post-operative period before they returned to the ward.

Patients were nursed in single rooms with ensuite facilities. The majority of the rooms had showers that required a step-up, making them potentially more difficult to access for some patients. Staff said for patients with mobility issues post-operatively, they would assist them with washing in preference to using the shower.

Three patient rooms had been refurbished to improve facilities for patients and there were plans to refurbish the remaining rooms. A patient safety and quality review had been undertaken by the corporate team, led by the clinical assurance director in 2022. The report also identified areas of improvement in the theatre environment and we were told these were included in the refurbishment plan.

The service had enough suitable equipment to help them to safely care for patients. Staff had access to the use of a lifting hoist if needed to transfer patients with restricted mobility. Staff told us they had access to the equipment they needed, and we saw evidence of different equipment around the department and ward.

Staff disposed of clinical waste safely. There were clear processes for the segregation and safe disposal of clinical waste. A member of staff told us they had recently attended training when changes had been made to the waste disposal process.

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 ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-operative assessment process that was used for all patients. The hospital had an effective process for assessing patients prior to admission. Patients had a pre-operative assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

Patients with complex co-morbidities would not routinely be admitted for treatment. Admissions were only considered on the presentation of all relevant clinical evidence, a risk assessment and the mitigation of risk and with the agreement from all parties involved in the care of the patient. If there were any risks identified these were discussed by the treating clinicians.

Staff completed risk assessments for each patient on commencement of their treatment. These included risk assessments relating to potential falls, pressure damage and risk of blood clots. Staff documented outcomes of assessments, and any subsequent changes, in a patient specific Spire designed, standard patient journey booklet.

Good

Surgery

The service used a modified 'five steps to safer surgery' checklist based on guidelines from the World Health Organisation (WHO) which included the WHO Surgical Safety Checklist. We observed the theatre team undertaking the 'five steps to safer surgery' procedures, including the use of the WHO checklist. An audit of the WHO Surgical Safety Checklist in theatre found compliance to be: 100% July 2022, 98% August 2022 and 100% September 2022.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used a National Early Warning Score (NEWS) to detect and respond to patient deterioration. Staff started the NEWS chart in recovery and continued onto the ward. Staff consistently completed the patients NEWS in the 10 records we reviewed. Staff knew how to escalate concerns if patient observations deviated from expected ranges. NEWS audits were completed each month and data for September 2022 showed a compliance rate of 100%.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient policy where patients would be referred to another nearby hospital for specialised care which the hospital did not provide. All registered staff completed either immediate life support or basic life support training. Staff in theatres and recovery received additional training in advanced life support.

Staff participated in simulated emergency scenarios to ensure they maintained skills in responding to a patient collapse or cardiac arrest. Staff described a recent episode where a patient had a cardiac arrest. They reported that the team worked well together and managed the situation safely.

Shift changes and handovers included all necessary key information to keep patients safe. Each ward and theatre area had a "huddle" each morning to review any risks including patient safety risks and plan how to address these. We observed the daily site meeting referred to as 10 at 10. This meeting was attended by representatives from clinical nursing staff, physiotherapists, infection control lead (when on site), estates, pharmacy and members of the senior management team. The meeting focused on operational issues such as patient numbers, staff sickness and staffing alongside learning, safeguarding concerns and estates issues.

Weekly hospital multidisciplinary meetings were held. Patient risks were discussed at these meetings and plans agreed to reduce these risks. For example, any young person aged 16-18 years attending the hospital, must have had a full risk assessment completed and a paediatric anaesthetist booked for their surgery.

Monthly ward meetings are held with a structured agenda. This included sharing feedback from clinical incidents, patient feedback, policy changes and general ward and hospital information.

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. Clinicians wrote to the patient's general practitioner after gaining the patient's consent.

Following surgery, patients were provided a 24-hour helpline for advice and help if needed.

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.

Good

Surgery

The service had enough nursing and support staff to keep patients safe. The surgical nursing team included a theatre manager, a scrub, anaesthetic, recovery and theatre support team. A senior member of staff was always on shift when the service was in operation. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance.

The staff to patient ratio requirement was calculated in line with a national safer staffing guidance. The hospital calculated staffing levels in the morning, afternoon and night. Staff said there was always senior staff on shift and an on-call team in the unexpected event of readmission or returns to theatre. The service monitored the staffing to ensure it provided safe and responsive care.

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift, on the ward and in theatres, could be pre-determined. Staff levels reflected demand on the service and known treatment support needs.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The hospital had recently undertaken a recruitment drive to increase staffing. All staff had a period of induction, and supervision where required, on commencing work at the hospital. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

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 surgical staff to keep patients safe. The hospital had 73 doctors, surgeons, anaesthetists and dentists who had practising privileges at the hospital. The hospital performed surgeries in the following disciplines urology, ophthalmology, orthopaedics, minor hand surgery, minor neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery.

The medical advisory committee (MAC) reviewed the practising privileges of all consultants every two years to check they continued to be suitably competent to work at the hospital.

Consultants provided cover for their inpatients 24 hours a day, seven days a week. They arranged alternative cover by a named consultant if they were not available. Staff showed us a folder on the ward which contained this information, so it was readily at hand.

The Resident Doctor (RD) and nursing staff said consultants were always available out of hours for telephone advice and support. Staff said consultants returned to the hospital to reassess their patients within 45 minutes if required.

The hospital employed two RDs who worked opposite each other in weekly blocks. They were resident on site and available 24 hours a day, seven days a week. Their role was to review patients when required, prescribe additional medicines and liaise with consultants responsible for individual patient's care. The RD told us consultants were on call for their patients 24 hours a day and were easily contactable. There was always an anaesthetist on call to review patients if needed. The RMO told us ward staff did not call them frequently at night, and they achieved enough rest time to work effectively.

Good

Surgery

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.

Records were stored securely. Patient notes were comprehensive, and all staff could access them easily. All patient care notes were in paper format and kept in a locked trolley. We reviewed 10 patient records and found them to include the information needed to deliver safe care and treatment. The notes contained pre-operative risk assessments, records from the surgical procedure, recovery observations, nursing notes and discharge details. The entries were legible and had been signed and dated by the members of staff. The hospital carried out audits of medical records and we saw records to confirm they took place.

The hospital used printed booklets for recording patient care for different care pathways. These standard care pathways included prompts to record key information about patients, including their past medical history and medication, as well as details of their pre-operative risk assessments.

All of the care records included risk assessments appropriate to the type of operation and length of stay in hospital. For example, all care records contained risk assessments for venous thromboembolism (VTE) assessments. Patients who needed to stay overnight or for longer periods also had moving and handling, pressure ulcer risk and nutritional assessments.

Theatre staff maintained an operating theatre register. The theatre manager also showed us records which were a log of all manufacturer registration numbers of prosthesis and implants used in theatres, for example, hip prosthesis and breast implants. The theatre manager advised us this information was also kept in the patients' medical records, in case of any complications in the future.

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. The service had a comprehensive medicines management policy, which covered obtaining, prescribing, recording, handling, storage, security, administration and disposal of medicines.

Pharmacists are available in the hospital Monday- Friday 09:00 - 15:00 hrs.

The RD had access to an 'out of hours' designated cupboard that contained a range of broad medications generally used to take home at discharge. The cupboard had two separate keys, one held by the RD and one held by nursing staff. Access to the cupboard required both keys. The pharmacist checked the stock levels in this cupboard each morning alongside the prescriptions.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. A pharmacist reviewed all prescription charts and carried out medicine reconciliation for all inpatients to ensure continuity of their routinely prescribed medicines.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 10 medicine records that were completed appropriately including allergies and VTE assessments.

Good

Surgery

Staff stored and managed all medicines and prescribing documents safely. Medicines including controlled drugs and intravenous fluids, were stored in a locked clinical room, within locked cupboards. Medicines were stored at safe temperatures. Staff monitored fridge and room temperatures where medicines were stored and took appropriate action when temperatures were outside the recommended range.

Staff on the wards kept medicine trolleys locked and secured to the wall when not in use.

Pharmacy and nursing staff monitored and managed stock levels of medicines and controlled drugs (CDs). Monthly controlled drug medicine management audits were carried out and we saw data to confirm they took place.

Staff learned from safety alerts and incidents to improve practice. Learning from safety alerts and incidents was shared at a range of hospital meetings including the daily 10 at 10 meeting and the weekly multidisciplinary meeting.

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.

Staff knew what incidents to report and how to report them. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. All incidents were recorded on an electronic incident reporting system.

The hospital had an open reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the hospital was very proactive in encouraging staff to record incidents on the incident reporting system. Staff said they were encouraged to report 'near miss' situations.

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents data for the previous 12 months and found they were reported and investigated in line with the service's procedure. For each incident, the actions taken, and lessons learned were recorded where applicable.

The service had one never event in the previous 12 months. A comprehensive root cause analysis was conducted after the never event and a duty of candour delivered to the patient. Where clinical harm was identified, it was mandatory for the hospital to report it to the national integrated governance team and central senior leadership team to ensure shared learning across the Spire group. The learning from never events was shared with staff to prevent recurrence.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff gave examples of incidents where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. Staff discussed learning from incidents at clinical effectiveness meetings. For example, staff reinforced the terminology of time out immediately before incision to support multi-site surgery and prevent the wrong site surgery.

Are Surgery well-led?

Good

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

Good

Surgery

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.

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver effective and sustainable care. The hospital's senior management team comprised of the hospital director, a director of clinical services, a finance director and an operations director.

The surgical service had an established management structure which included the pre-operative assessment manager, ward manager, theatre manager and sterile services manager. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

Staff said it was a good organisation and hospital to work for. All staff spoke positively about the teamwork they experience at the hospital. Staff said they felt respected, valued and listened to at the hospital and described the culture as a 'family'.

Leaders encouraged staff to take on senior roles, staff gave examples of being promoted and having opportunities to apply for senior positions.

A member of the senior management team attended the ward daily multidisciplinary team 'huddle' when plans for all patients were discussed. Staff told us they found this helpful with a member of the senior management being aware of any concerns.

The leadership team understood and supported the clinical managers to ensure they had enough staff on duty each day. Staff said the leadership team listened to their concerns and supported them in booking agency and bank staff.

The leadership team had prioritised recruitment, offering incentives to attract staff such as subsidised meals and assistance with transport. The hospital had recently looked to overseas recruitment and had recruited two nurses (one due to start in October 2022).

The leaders had recently instigated a pay rise in the hospital to help retain and attract staff.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The senior leadership team told us the corporate values and purpose had been developed through 'mass consultation' with staff with the aim of 'making a positive difference to people's lived through outstanding personalised care'. We were told the current focus was on promoting the purpose of the hospital and 'patients' had changed to 'people' within the purpose. Staff described this as now 'looking out for everyone', the People's Purpose, looking after patients and staff. Staff were positive about the purpose of the organisation.

Good

Surgery

The hospital continued to develop their services and had recently developed a new ophthalmology service. The leadership team described how they had worked with the clinical teams to develop this new service and how they had supported staff to be trained in this area. Clinical staff told us how they had been included in the design of the new service and how they had been involved in the process.

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 told us they felt supported, respected and valued by their leaders. Staff commented it was a lovely place to work, how the staff worked well as a team and how they felt they were listened to.

The leadership team told us they had an open-door policy and staff were encouraged and supported to speak with them. Staff on the wards confirmed this.

The hospital had a freedom to speak up guardian. The leadership team had invested in this role and supported the staff member to fulfil their duties. Clinical staff told us they could speak to the freedom to speak up guardian about any matter and felt confident they would listen and support them.

The leadership team told us the hospital had previously had a culture of not reporting incidents or raising concerns as much as they should have. Over the past two years this had changed, and staff are now more open and reported all incidents. This had been encouraged and welcomed by the leadership team.

Governance

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

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

The hospital director and the chair of the MAC were responsible for ensuring doctors practised in accordance with their practising privileges, and were advised on such matters by the MAC. This included obtaining accurate appraisal information from their substantive NHS employer.

Over the past two years the governance structure had been developed with additional staff resourcing. The hospital had a clinical governance and local committee structure in place. The hospital quarterly meetings included clinical governance committee, infection prevention and the medical advisory committee (MAC).

The hospital local committees included infection control, resuscitation and pain management. The MAC met quarterly and minutes showed these included key governance issues such as incidents, complaints and practising privileges. These governance issues were discussed and reviewed across the whole service.

The theatre manager and the ward lead held monthly team meetings. The meeting minutes showed agenda items included patient feedback, audit, incident reporting and staffing.

Good

Surgery

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.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a comprehensive list of audits and risk assessments that were completed on a regular basis, for example audits of care records. Staff understood the risk management policy and actively contributed to it. Records showed audits were discussed at various management and staff meetings, with audit results used to drive improvements with patient care. For example, monitoring pain scoring and pressure damage prevention.

There were arrangements in place for identifying, recording and managing risks. Issues and mitigating actions. The hospital used an electronic incident reporting system and staff were able to describe the process.

The hospital leadership team had oversight of risks recorded on the hospital risk register. They recognised challenges with staffing and the ageing estate. Risks were discussed at leadership and local meetings, including learning from incidents.

The hospital had one risk register that was separated into departmental risks. The risk register detailed who had overall responsibility for each risk and actions taken to mitigate the identified risk. Where action did not fully mitigate the identified risk, there was a plan of action, with the date due the action was due to be completed and detail of who was responsible for ensuring the action was completed.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

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

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.

All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff we spoke with were able to demonstrate the use of the system and retrieve information.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training and most staff completed it (93%).

There were arrangements to ensure data or notifications were submitted to external bodies as required, for example the Care Quality Commission. Staff regularly submitted data to the National Joint Registry (NJR), Patient Related Outcome Measures (PROMS) and the Care Quality Commission.

Good

Surgery

Statutory mandatory training data was collected and published in a Red-Amber-Green (RAG) rated dashboard that was easily accessible to staff. The RAG rating helped to identify when their training was due with amber indicating it was due soon and green, they were compliant and in date.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

As part of the discharge process, staff encouraged patients to complete a patient satisfaction survey which they would receive following discharge via email. The hospital used this with the 'friends and family test' feedback to evaluate their service provided to the patient. Clinical performance notice boards displayed information about actions the hospital had taken in response to patient comments. This included plans to make improvements to parking at the hospital and refurbishment of patient bedrooms.

There was strong collaboration, team-working and support across all departments and a common focus on improving the quality and sustainability of care and people's experiences. The hospital had staff awards where staff and patients could nominate individual staff members or teams for going the extra mile. Staff we spoke with told us about these awards and several staff members told us their team had been nominated for an award.

The hospital had held a Patient Forum during August 2022. The governance, quality and risk lead noted the areas of concern from all of the patients who attended which were split into 2 sections: Estates and Facilities, and Clinical Care.

Areas for improvement were discussed under each section and the hospital committed to actions from each.

Learning, continuous improvement and innovation

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 and staff spoke positively about improving services. Leaders and staff used recognised quality improvement methodology and understood how to get the best from it.

We heard examples of a new initiative whereby patients were encouraged to call the hospital 48 hours post major surgery. This enables staff to check on the patient's condition and identify any concerns. Staff confirmed all concerns raised were recorded and investigated.