Ramsay Health Care UK Operations Limited

Stourside Hospital

Inspection report

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Stourbridge
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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

We rated services at Stourside Hospital as good because:

- The service had enough staff to care for patients and keep them safe. Staff mostly 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.
- Leaders 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 service may wish to consider undertaking more comprehensive audits of the safer surgery checklist.
- The service should develop systems to understand wait times for surgical procedures so that it is clear if waits are attributable to the service responsiveness or NHS pathways.
- The service may wish to consider undertaking more comprehensive audits patients consent records.
- The service should ensure patients mental capacity to consent to their operation is appropriately assessed.
- The service should ensure clinical governance meetings follow a set agenda and robustly include all aspects of service delivery.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Please see the summary of findings at the beginning of this report. We rated surgery as good because it was safe, effective, caring, responsive and well led.
Outpatients	Good 	Please see the summary of findings at the beginning of this report. Outpatients 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 outpatients as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to Stourside Hospital

Stourside Hospital is operated by Ramsay Health Care UK Operations Limited. The hospital opened in 2020. It is a private hospital in Stourbridge, West Midlands. Stourside Hospital is an extension of services being delivered by its sister hospital in Halesowen and has a shared management team. Stourside Hospital provides day surgery for adults and does not treat anyone under the age of 18 years.

Stourside Hospital is a modern purpose built, single storey building. The hospital provides treatment both for privately funded and NHS patients within the Dudley Borough and further afield. Surgical procedures are delivered under specialities such as general surgery, orthopaedics, gynaecology, urology and ophthalmology.

Services for patients include: One operating theatre with two recovery bays, an ambulatory unit with six single occupancy pods in gender specific areas. An outpatient's department with six patient consulting rooms, one physiotherapy room, one treatment room and patient waiting areas. Car parking area with 73 spaces.

Stourside Hospital has not been inspected or rated since it was registered in October 2020.

The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Surgical procedures
- Treatment of disease, disorder or injury

The hospital has a registered manager who has been in post since January 2021 who is also the Hospital Director. The registered manager is also registered manager of another Ramsay hospital.

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

How we carried out this inspection

We carried out a scheduled comprehensive inspection at this service on 14 June 2022. The inspection was unannounced which means the service did not know we were coming. The inspection was undertaken by three CQC Inspectors and a consultant surgeon specialist advisor with support from an Inspection Manager.

During this inspection we checked the environment, observed client consultations, looked at 13 sets of patient notes, the storage and management of medicines and spoke with 18 members of staff and six patients.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Summary of this inspection

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

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
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

Mandatory training

The service provided mandatory training in key skills to staff and most staff had completed it.

Staff received and mostly kept up to date with their mandatory training. Mandatory training was provided both by eLearning and face to face. Information provided identified 92% of all staff were up to date with all mandatory training. However, information identified four of the 15 qualified staff did not have intermediate life support training and six of the nine unqualified staff did not have basic life support training. Managers told us this was due to difficulties accessing these courses which are taught face to face. Managers said one member of staff had recently completed the intermediate life support trainer course and would be able to provide additional training for staff in addition to the existing training provider.

Mandatory training for consultants was provided in their NHS roles and compliance was monitored through the practising privileges process.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were required to complete mandatory training in a range of topics including safeguarding adults and children, hand hygiene, information security, equality and diversity, conflict resolution, fire safety, health and safety, moving and handling, and infection prevention and control.

The Responsible Medical Officer (RMO) received mandatory training from their employing agency and the service were provided with evidence of training undertaken. Consultants completed mandatory training at their employing NHS trust and a record of this was kept on their practising privileges file.

Clinical staff completed training on recognising and responding to dementia. All staff completed mental capacity training which included training in mental health and learning disabilities.

Managers monitored mandatory training and alerted staff when training was due. There was an e-learning system which automatically alerted staff when they were due to update any of their e-learning training. Department managers were

able to access staff mandatory training records. When needed they discussed training was required and escalated any difficulties staff were experiencing accessing training for example the intermediate life support training. Senior leaders discussed with department managers staff compliance with mandatory training and when needed would also escalate difficulties accessing courses.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed adult and children safeguarding training as required by national guidance. All staff also completed 'PREVENT' which is training to increase awareness of safeguarding of vulnerable people from being radicalised.

The Resident Medical Officers (RMO) received safeguarding training via their agency. Consultants completed safeguarding training at their employing NHS trust and a record of this was kept on their practising privileges file.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to describe when they would raise safeguarding concerns. There was a national safeguarding lead for Ramsay Health Care UK who was trained to level 4 safeguarding and provided advice and support to staff.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to identify abuse and gave examples. Staff were told should they need any advice about safeguarding concerns they could contact the head of clinical services who was the hospitals safeguarding lead. Information provided by the service also identified all Ramsay services in addition to safeguarding policies had access to the NHS Safeguarding Application which gave them direct access to local safeguarding telephone numbers, multiagency safeguarding arrangements and raising concerns. Stourside Hospital had not reported any safeguarding concerns however systems to escalate concerns were in place.

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 visibly clean and had suitable furnishings which were clean and well-maintained. There was a service level agreement in place for cleaning services.

Cleaning records were completed appropriately. The service did regular audits on cleanliness for both the ward and theatres which showed satisfactory levels of cleanliness. If cleanliness failed to meet the required standard an action plan would be developed. Further audits would be undertaken until improvement was demonstrated.

Staff cleaned equipment after patient contact. All shared patient equipment, such as wheelchairs, patient trolleys and recliner chairs were cleaned after patient use and dated 'I am clean' stickers were used to evidence this. There was a freezer on the ward containing re-usable ice packs for patient use for pain relief following surgery. Staff told us these were

wiped with antibacterial wipes between use. Staff told us they were working with their sister hospital to review how practice may be improved to evidence cleaning had taken place. Curtains were regularly changed with the date they were replaced prominently identified. The service had a service level agreement with an external provider for sterilisation of surgical equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff received training on infection prevention and control. Staff were seen to wash and sanitise their hands appropriately and wore personal protective equipment. Staff hand hygiene and use of PPE audits were undertaken to assess individuals practice and was part of the five moments of handwashing assessment. If improvement was identified this was shared with the member of staff. Clinical staff had arms bare below the elbows to aid effective handwashing.

The service had guidance on infection prevention and control for COVID-19 management. Staff did twice weekly lateral flow tests. Patients also completed lateral flow tests both three days prior to the procedure and on the day of admission. They were required to have proof of negative results before they were admitted onto the ward.

Staff worked effectively to prevent, identify and treat surgical site infections. In the last 12 months the service had reported five surgical site infections at Stourside Hospital. Information provided by the service identified there was no evidence of any trends in infections.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Call bells were in all patient areas including each pod, corridors, recovery area and patient toilets. Patients all had call bells next to them. The staff call system enabled patients to both call and speak with staff. During our visit we observed a call bell which was answered quickly.

The design of the environment followed national guidance. The hospital building was completed in the summer of 2020, purpose built and met hospital building requirement standards. Patients were accommodated in single occupancy enclosed spaces referred to as pods. The pods had reclining chairs. Whilst the hospital did not provide overnight stay if required a bed or trolley could be made available. The pods provided privacy and reduced the risk of cross infection. The recovery area was spacious and provided two trolley spaces for patients returning from theatre. The pods and bed spaces in recovery had all required equipment for patients to be cared for safely. There were designated areas on the ward for storage of clinical supplies, clean linen, dirty utility area and medicines. Storage rooms were well stocked and kept tidy.

The operating theatre was part of the operating department suite and could only be accessed by staff. The operating suite included the theatre, clean and dirty preparation rooms, equipment and clinical storage rooms, staff changing rooms and a staff rest room. A business case for magnetic automatic doors into theatres had been agreed and work was identified to commence in August 2022.

Staff carried out daily safety checks of specialist equipment. Specialist equipment such as the blood storage fridge and resuscitation trolley were checked, these were recorded daily (when the hospital was open). Items on the top of the trolley (suction unit, oxygen cylinder, defibrillator) were cleaned and checked daily. The numbered tag which sealed access to the emergency equipment in the trolley was broken and replaced weekly and all items, including emergency medicines were date checked. The trolley was stocked correctly, and all check lists were completed without omissions or errors. There was a temperature data logger to monitor the temperature of the emergency medicines which was checked twice daily.

There were fire exit signs and fire extinguishers throughout the department. All fire exits, and doors were kept clear and free from obstructions. There was weekly testing of fire alarms and emergency lighting.

The maintenance of medical devices and electrical equipment was overseen by the maintenance manager. The hospital had contracts in place for the maintenance of equipment with third parties. There had been a recent change in the way regular service arrangements were identified to ensure equipment etc was serviced at the required frequency. Information provided demonstrated learning from another service with service dates booked and identified. Hoists were tested in line with required regulations.

The service had enough suitable equipment to help them to safely care for patients. Staff told us they had enough equipment and when required any replacements were ordered and delivered promptly. Staff told us they had one piece of equipment which required replacement however there had been a national problem to source this equipment. There was a risk assessment in place to identify and ensure actions were undertaken. Staff confirmed the new piece of equipment was delivered during our inspection.

All equipment such as beds and theatre tables were able to accommodate patients with a body mass index of up to 40, in accordance with the NHS contract and were suitable for bariatric patients.

Staff disposed of clinical waste safely. There were orange bags for disposal of clinical waste which were emptied daily and disposed of in line with policy and guidance. All clinical waste sharps bins were used, stored and disposed of in accordance with national guidance.

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. Patients were monitored using the National Early Warning Scores (NEWS 2) tool to assess potential deterioration. The NEWS charts provided guidance on actions for staff to take in relation to patient's scores. Should a patient deteriorate and require immediate medical attention staff would activate the emergency buzzer. The patient would be assessed by the Resident Medical Officer (RMO), who had advanced life support (ALS) training and would seek support from the consultant and anaesthetist as appropriate. Where patients did not require urgent treatment, they were closely monitored by staff recording observations on NEWS charts at 15-minute intervals until they returned to within normal ranges. The NEWS charts seen at the time of the inspection correctly identified the level of risk and when required actions to be undertaken.

There were always two identified staff on site who were trained in advanced life support. Staff with advanced life support were identified during the daily resuscitation staff huddle. The expectation was that clinical staff received intermediate life support training every 18 months and non-clinical staff basic life support training annually. Clinical staff also completed an additional two-day course for acute illness management (AIMS). As identified within the mandatory training section of this report there had been difficulties accessing intermediate and basic life support training and this was being addressed.

Patients completed a self-assessment medical questionnaire prior to attending a consultation with the patient coordinator. At this consultation, they discussed past medical history, allergies, expected outcomes of the procedure, reasons for considering the treatment, the patient's lifestyle, and any concerns. They were also provided with written information about the proposed procedure. Consultants then carried out a medical assessment and discussed the potential benefits and risks of the procedure.

Good

Surgery

Risk based pre-operative assessments were carried out using an assessment questionnaire. Staff followed a nationally recognised scoring system to identify potential anaesthetic or other risks. At pre-operative assessment, patients with specific medical conditions such as heart disease, stroke, diabetes or cancer, were excluded from receiving treatment at this hospital. This meant patients accepted for treatment were generally fit and well with a low risk of developing complications following surgery. The hospital's surgical patient selection criteria document was comprehensive and included detailed clinical actions which needed to be taken for a wide range of medical conditions. The American Society of Anaesthetics (ASA) grading system was clearly identified within the document. The ASA Physical Status Classification System is used to assess a patient's pre-anaesthesia medical co-morbidities and help in predicting perioperative risks.

Patients requiring anaesthesia who had a high body mass index received a documented risk assessment by the consultant prior to surgery. The risk assessment included consideration of if the unit had facilities to deal with any likely complication which may arise. Patients considered to be too high risk were referred to the NHS for treatment.

Staff completed risk assessments for each patient on admission, using a recognised tool which was updated and reviewed. Staff completed assessments for the risk of pressure area damage, falls and venous thromboembolism (VTE) when required. The risk assessment process was started during the pre-operative assessment so that care needs, based on risk, could be identified before surgical procedures. Risk assessments were repeated when anything changed with a patient. Four of the five patients records we looked at had a VTE assessment completed, staff were unsure why the fifth patient did not. Information provided following our inspection identified Stourside Hospital provided only day surgery, patients stay was short and the procedures were low risk with most procedures under local anaesthetic unless a medical need was identified there was no requirements for VTE assessment.

Managers audited five patients' records including VTE assessment in June 2022 and found risk assessments were appropriately completed. The provider told us a VTE audit would shortly be available as part of their new electronic system to review the quality of service provision. The new audit would focus on assessment and prophylaxis (systems to prevent deep vein thrombosis).

Staff knew about and dealt with any specific risk issues. Nursing staff were aware of the risk of sepsis. No incidents of sepsis had been reported.

Stourside Hospital provided day surgery only. Should a patient become unwell and require overnight care they would be transferred to the hospital's sister hospital by private ambulance or an NHS hospital when needed. Should a patient become unwell and require advice or treatment following discharge they were advised to call a nearby Ramsay Hospital when Stourside Hospital was closed.

Staff used National Safety Standards for Invasive Procedures (NatSSIPS) to provide safer care and reduce patient safety incidents. The World Health Organisation (WHO) surgical safety checklist was fully followed and all staff were fully included and engaged with each section. Managers had completed an observational audit in January 2022 of compliance with the WHO checklist which identified 100% compliance and all required steps completed. However, the number of patient procedures reviewed was based on two patients which is a very limited sample size.

The ward held a blood fridge which stored blood suitable for use in the event of patient blood loss during or following surgery. An anaesthetics operating department practitioner was identified as a blood transfusion trainer and managed the blood products in the fridge. The fridge was locked and there were documents to complete when blood products were removed. The service had emergency access to blood products in the event of a major haemorrhage.

Good

Surgery

The service did not have any access to face to face specialist mental health support (onsite) if staff were concerned about a patient's mental health. Managers told us there was a policy for staff to follow if patients experienced a deterioration in their mental health. This listed a range of support services available and staff could seek support and guidance from.

There was a daily staff huddle to discuss patients being admitted, the procedure they were having, potential risks, staffing requirements and identified staff with key responsibilities. The daily staff huddle was additional to the resuscitation huddle which identified staff on duty with advanced life support and roles identified for other staff should a patient have a cardiac arrest or become acutely unwell.

Staff shared key information to keep patients safe when handing over their care to others. Discharge letters were given to patients to share with their GP, as well as being sent directly their GP electronically. Where assessments were made at the clinic, but treatment planned to be completed elsewhere, details of the assessment and pre-operative assessment information was shared with the treating clinician or clinic with patients' consent. Shift changes and handovers did not occur at the clinic as all staff worked an entire shift.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The staffing requirement for the ward area was one registered nurse and one healthcare assistant, we saw planned staffing was met. Theatre staffing included nurses, operating department practitioners and healthcare assistants who were supported by the theatre manager and deputy theatre manager.

Staffing rotas were completed in advance and were flexed according to the needs of the service. Skill mix was factored into the rota to ensure there was always a senior member of clinical staff with the appropriate skills, qualifications and expertise in each area. Staff generally worked whole day shifts. Gaps in the rota due to annual leave or sickness was covered by bank or agency staff.

Managers accurately calculated and reviewed the number and grade of nurses, operating department practitioners and healthcare assistants needed for each shift in accordance with national guidance. Managers used an electronic rostering system which they aimed to complete eight weeks ahead. Heads of department managed any gaps or changes in the rotas once they had been approved by the head of clinical services. The electronic system analysed and identified any unfilled shifts so these could be filled in advance.

Theatre staffing followed the Association for Perioperative Practice (AFPP) guidance. If theatres were short staffed on the day and shifts could not be filled, surgical procedure lists would be reduced or cancelled to ensure patient safety. Numbers of theatre staff could be flexed down if not all staff were required. There was a system to monitor any hours owed or overworked by theatre staff to ensure the correct balance.

The service had low vacancy rates. The service had successfully recruited to three clinical roles which included a preoperative assessment nurse and a band 6 nurse to be based at Stourside Hospital.

Managers could adjust staffing levels daily according to the needs of patients. Although the number of theatre procedures was fairly constant, the types of procedures being performed varied and necessitated different staff skills. Staff worked at

both Stourside and their sister site which helped support the availability of suitable experienced and qualified staff for example if the hospital had a gynaecology surgical list staff with gynaecology experience could be rostered to work at Stourside whilst on another day the surgical list may require theatre and ward staff with ophthalmology experience. This arrangement supported both locations to maintain flexibility of service delivery and staff competence.

The service occasionally used bank and agency nurses. Information provided for May 2022 identified theatre had 28 hours agency staff (2.5% of total staff hours) the ward had not used agency staff during this time frame. The agency staff that worked on the ward and in theatres were regular staff who had long term arrangements with the service to provide cover. The limited use of bank and agency staff meant that staff were familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. The service employed Resident Medical Officers (RMO) through a recruitment agency.

Consultant staff were not employed by the service. Consultants operating at the service under the practising privileges system. There was a robust system in place for the appointment of consultants working under practising privileges. All required checks were completed prior to approval of practising privileges.

Managers could access locums when they needed additional medical staff for example if the RMO was unwell.

The service always had appropriate medical staff available. The RMO was always present when the hospital was open (7am to 6pm). If the list overran the RMO would stay until the last patient had left the building. Consultants and anaesthetists were available for telephone advice out of operating hours.

Practising privilege arrangements required them to live within less than one hours travel time of the hospital. Consultant staff operated a buddy system so if the primary consultant who had performed the procedure was uncontactable, their buddy (who was another consultant highlighted during the team brief) could be contacted. The anaesthetist was on call for 24 hours post operatively for advice, to review the patient and to return the patient back to theatre if required. If a return to theatre was required outside of the 24-hour period, and the primary anaesthetist was not available another anaesthetist working at that time would provide cover.

Managers made sure locums had a full induction to the service before they started work. The RMO told us they had a full induction both by the locum agency and when they first started to work at the hospital.

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.

Good

Surgery

Patient notes were comprehensive, and all staff could access them easily. Records were mostly electronic. Paper documents included patient consent and observation charts and early warning scores. Records were contemporaneous and provided the required information for staff to provide safe post surgical procedure care to patients. Records were stored securely. Electronic patient records were password protected and patients paper notes were kept in locked trolleys or filing cabinets. Paper records were scanned into the patient's electronic record

When patients transferred to a new team, there were no delays in staff accessing their records. Patient discharge summary letters were sent to their GP electronically, so they were received without delay.

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. There was a service level agreement with a local NHS trust to provide pharmacy support to the hospital. The pharmacist provided advice, review of medicines charts, stock control and carrying out medicine audits.

Staff reviewed each patient's medicines and provided advice to patients about their medicines. Patients had their medicines explained to them on discharge and their discharge medicines were available when they went home.

Staff completed medicines records accurately and kept them up to date. Medicine charts were complete and without omissions or errors. The pharmacist completed audits of medicines reconciliation and prescribing, the last audit in October 2021 the service achieved 99% compliance with medicines standards.

Staff stored and managed all medicines and prescribing documents safely. The temperature of rooms and fridges where medicines were stored was recorded and met manufacturers guidance. The pharmacist visited three times a week to check medicines stocks and was responsible for the ordering of additional medicines. Staff confirmed they were also able to order medicines if required.

Controlled drugs (medicines with specific storage requirements) were stored securely and checked in line with policy and guidance. Controlled drugs audits were carried out monthly. An action plan to address shortfalls identified which included separate records of patients own controlled drugs from the hospitals and for separate storage of controlled drugs waiting for destruction was in place.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Patients medicines were identified before their admission to ensure they received their normal prescribed medicines appropriately. Patients who had medicine allergies wore red wristbands which identified their medicine allergy which was also recorded in their patient's records. When patients were discharged a letter was sent to their GP which detailed any new or any changes to their medicines with instruction how long the medicines would be required for.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service used an electronic system for reporting incidents which all staff had access to.

Good

Surgery

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. There was a Ramsay Health Care UK corporate incident reporting policy which set out staff responsibilities for reporting incidents. From 1 December 2021 to 31 May 2022, the service had reported 69 incidents. Managers told us no themes had been identified in these incidents, but any themes recognised across the Ramsay Health Care UK group would be discussed and actioned locally with appropriate teams.

The service had no never events.

There had not been any serious incidents in the last 12 months. Managers told us staff knew how to report serious incidents and would do so in line with policy. There was a monthly report of all serious incidents reported across Ramsay Health Care UK which was discussed at the group clinical governance meeting. Any trends or themes were identified and a lessons learned document was shared across all Ramsay hospitals by the central clinical team.

Staff received feedback from investigation of incidents, both internal and external to the service. Individual staff members involved in incidents were updated with the outcome of incident investigations. Incidents were routinely discussed at team meetings so any learning or required actions identified could be shared. Staff also received shared learning about incidents that had happened in other hospitals within Ramsay Health Care UK.

There was evidence that changes had been made as a result of feedback. Consultants had acted upon and shared learning with staff about never events that happened elsewhere. For example, we saw new procedures were in place for additional safety checks for patients having cataract surgery. For orthopaedic surgery patients “Stop before you block” signs were prominently displayed, and we also observed the Stop before you Block procedure undertaken.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations when possible. Heads of department investigated all incidents reported and identified any actions required to be taken. All completed incidents were reviewed by the head of clinical services and the clinical quality partner. Patients were spoken with to gather information to inform the investigation process where the incident was patient related.

The duty of candour is a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation and an apology when things went wrong. The service had reported zero incidents which met the legal threshold for the duty of candour to be followed.

Are Surgery effective?

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.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used corporate Ramsay Health Care UK policies to inform their practice. Policies were based on relevant national guidance and guidelines from professional bodies. Staff followed professional standards and guidelines, and used recognised tools, to assess and plan treatment. Relevant guidelines for surgical procedures were displayed on the wall in the anaesthetic room and theatres.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff made sure patients had enough to eat and drink. Stourside Hospital did not provide meals for patients as they attended for a relatively short period of time. Hot drinks, bottled water and biscuits were provided for patients post procedure.

Patients waiting to have surgery were not left nil by mouth for long periods. Staff followed a standard operating procedure for pre-operative fasting to avoid unnecessarily long periods of fasting and reduce the risk of dehydration, discomfort and possible delay in patient's recovery.

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 patients 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. Staff used a tool which enabled patients to easily identify their pain level at the same time they had their observations taken following surgery. This enabled patients if required to receive timely pain relief.

Staff prescribed, administered and recorded pain relief accurately. Doctors prescribed pain relief to ensure patients were pain free. Patients operation records seen during the inspection showed patients received pain relief in theatre and were prescribed additional pain relief both during their stay at the hospital and to take home. Medication records accurately identified pain relief administered. Staff gave patients advice and information on how to manage their pain at home.

Patient outcomes

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

The service participated in relevant national clinical audits. The service participated in the Patient Reported Outcome Measures (PROMs) on procedures for carpal tunnel and cataract surgery.

Outcomes for patients were positive, consistent and met national standards. The service benchmarked its performance for key clinical performance indicators against other hospitals in the Ramsay Health Care UK group. The service performed similar or better for all indicators.

Information was provided to the private healthcare information network (PHIN). This included information on unplanned transfers, unplanned returns to theatre, unplanned readmissions within 31 days, infections rates, mortality, patient satisfaction and the number of patients seen. PHIN ensures robust information is received about private healthcare to improve quality data and transparency. The hospital performed well and was not an outlier for outcomes of care.

Good

Surgery

All Ramsay sites (including Stourside Hospital) are part of the National Audit Project 7 (NAP7). NAP7 is a clinical audit which evaluates perioperative cardiac arrest in the UK. This ran for a year and ended on 18th June 2022. Stourside Hospital did not have any incidents to report during this audit period.

The service had no patients who returned to theatre due to complications during the last 12 months. No inpatient patient required transfer out to the local acute hospital in the same period, to receive appropriate care. The service had arranged transfer for three patients who attended an outpatient appointment and were unwell.

The service performed well for readmission rates compared to other hospitals in the Ramsay Health Care UK group. In the last 12 months no patients had required readmission.

Managers and staff carried out a comprehensive programme of audits and repeated audits to check improvement over time. There was a clinical audit schedule set out by Ramsay Health Care UK which identified required audits, their frequency and ownership for completion. Audits included Infection Prevention and Control (IPC), medical records and consent, care bundle, pharmacy and used National Safety Standards for Invasive Procedures (NatSSIPS) audits. When needed improvement was checked and monitored.

Managers shared and made sure staff understood information from the audits. Audit results were discussed with teams and any required improvements to performance were identified.

Managers used information from the audits to improve care and treatment. Results from audits were reported as a dashboard of audit performance across the Ramsay Health Care UK group. The dashboard was reviewed and discussed by senior managers and the clinical quality partner to identify any areas of performance requiring improvement. Action plans were produced to implement improvements.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave staff the time and opportunity to develop their skills and knowledge.

Managers gave all new staff an induction to their role before they started work. New staff worked on a supernumerary basis for a minimum of two weeks. Staff told us they also had a buddy who was an experienced staff member to provide them with advice and support and an additional point of contact should they have questions The induction included a corporate induction, mandatory training and introduction to their role and the service.

Managers support staff to develop through yearly, constructive appraisals of their work. Data provided by the service showed that all staff across the ward and theatre departments had either received an appraisal in the last 12 months or had an appraisal booked before the end of June 2022.

Medical staff working under practising privileges completed appraisals as part of their NHS roles. They were required to provide copies of their appraisals when completed.

Good

Surgery

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. There was a Ramsay Health Care UK clinical supervision policy which set out clinical supervision principles. Although clinical supervision must be offered there was no requirement for staff uptake of this. Staff records seen during the inspection showed staff had one to one clinical supervision meetings with their manager every four to six weeks. Staff also confirmed they received regular clinical supervision.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers told us how staff were supported to develop their skills and knowledge. There was a talent mapping process where staff could discuss what skills they required to do their job and any training required for progression within their role. Managers stated there was a lot of investment in staff development and described different staff development opportunities that had been supported.

All staff were very positive about training opportunities to ensure they both maintained and further developed their knowledge and expertise.

Managers made sure staff received any specialist training for their role. Ramsay provided additional learning opportunities through the Ramsay Academy. Ramsay provided funding towards courses/training or achieving a qualification/accreditation. Staff were supported to undertake development opportunities by accessing this fund. The service had supported two staff members on to nursing courses, one on the assistant nurse course and another on the registered nurse degree course. In addition to mandatory training requirements, registered nurses were required to complete and update a range of clinical training sessions.

Managers could identify poor staff performance promptly or support staff to improve. Consultant performance was managed through the practising privileges process.

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. Theatre staff met monthly to review and discuss the requirements for theatre preparations for patients for the following month. Action lists were produced to ensure all the required equipment and appropriate staff were available.

Staff worked across health care disciplines and with other agencies when required to care for patients. There was a pooled resources approach for staffing across Stourside Hospital and the local sister hospital. Staff worked across both locations in order to provide flexibility and ensure the most appropriate skill mix of staff was available to meet patient's needs. Medical staff, nursing staff and therapy staff worked alongside each other to provide holistic care.

All patients had discharge summaries sent to their GP which detailed the care they had received and any ongoing care or treatment needs.

Seven-day services

Key services were available to support timely patient care.

The hospital provided day surgery only and was open weekdays between 7 am and 6pm. Occasionally the hospital would open at the weekend.

Good

Surgery

Staff could call for support from doctors, seven days a week. When the hospital was closed patients were told to contact the service's sister hospital which provided overnight seven days a week care. Staff would contact the patient's consultant (or their prearranged buddy consultant). Arrangements were made when required for the patient to attend the sister hospital to see the consultant or go to a local NHS Hospital if required.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the ward. Staff assessed each patient's health as part of their pre-operative assessment and provided support for any individual needs to live a healthier lifestyle. Staff provided procedure-specific information leaflets. This facilitated informed consent and enhanced patient recovery by providing better understanding of what to expect and their role in their own recovery.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Due to the admission and exclusion criteria, any patient who was deemed to lack capacity and who would not be able to consent to treatment, would have arrangements made to treat them at the local NHS trust. However, one patient had completed their health questionnaire and identified they had a form of dementia. Whilst this did not necessarily mean they did not have capacity there was no information identified within their records which demonstrated their mental capacity to consent (and sign for the operation) had been assessed. Staff said this patient had full understanding. We asked the service for further information, but none was provided.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The hospital consent policy described consent as a two-stage process. The two-stage consent was completed appropriately in all patient records reviewed.

Consent audits were completed six monthly. The latest audit result for January 2022 identified 100% compliance although this audit reviewed only six patients consent records.

Staff made sure patients consented to treatment based on all the information available. The risks and benefits about the surgical procedure were discussed with patients by the consultant during their outpatient's appointment and this was recorded on the consent form which both the patient and consultant subsequently signed.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff received Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding training.

Good

Surgery

Are Surgery caring?

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. Staff assisted patients on the day of our inspection who had mobility and visual difficulties, they were patient, helped without rushing them which put the patient at ease.

Patients said staff treated them well and with kindness. All patients we spoke with said staff were kind and helpful.

Staff followed policy to keep patient care and treatment confidential. Staff spoke with patients in their pod when discussing confidential information and patient's information was securely stored.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. When patients were admitted for surgical procedures, nurses asked them about individual needs, including those related to religious or cultural beliefs.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff recognised when patients were anxious about their procedure and provided appropriate support. We saw staff spend additional time with these patients to provide reassurance. One patient who said they were nervous said how reassuring staff had been.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff explained the procedures and any follow up care with patients. Patients said staff were helpful and explained things to them in a way they understood. Patients said: "Nothing could have been better" and "they explained everything".

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. At the point of discharge, staff discussed patient's satisfaction with their care with them. Staff hoped to resolve any issues raised locally before patient's were discharged home. Following discharge all patients were sent a feedback survey to complete about their experience. The hospital had a website which encouraged patients to leave feedback and enabled patients to request contact from the service to discuss any issues of concern. All feedback was collated in a database which was reviewed by the head of clinical services. Patient feedback data from 1 December 2021 to 31 May 2022 showed that the service received positive feedback and scored the same or better than other Ramsay Health Care UK hospitals in satisfaction surveys.

Good

Surgery

Are Surgery responsive?

Good

Service delivery to meet the needs of local people

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

Managers planned services so they met the needs of the local population. Managers worked with the local acute NHS trusts and commissioners to support NHS waiting lists for surgical procedures. In the last 12 months the service had completed a total of 2,403 surgical procedures, 2,069 (86%) of which were for NHS patients for different surgical specialties.

Staff knew about and understood the standards for mixed sex accommodation. The ward area contained separate contained spaces called pods, male and female pods were located on different sides of the ward area separated by the central staff base. This meant there was no potential for mixed sex breaches.

Facilities and premises were appropriate for the services being delivered. Stourside Hospital was purpose built as a hospital to provided surgery and outpatient facilities. The hospital car park provided free parking spaces.

The service had systems to help care for patients in need of additional support or specialist intervention. The hospital had acceptance criteria set out in the Ramsay access policy and local CCG NHS standard acute contract. These identified exclusions where patients required specialist care and support that could not safely be provided at this hospital; these patients would be seen by the local NHS acute trust.

Managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted. Managers monitored all appointments and operations which were cancelled by the patient, the local trust or the service. Information provided by the service identified a total of 631 appointments or operations were cancelled, most were cancelled by the patient. From April 2021 to April 2022, 15 patients at Stourside Hospital booked for a planned surgical procedure had their operation cancelled by the service. Reasons for cancellation included illness of the surgeon or patient which included the unavailability of a negative covid 19 test. No procedures were cancelled on the planned day of surgery by the service. Information provided showed procedures were cancelled between one and 26 days before the procedure.

Should patients have their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Managers confirmed patients would be offered their operation on the surgeons next available theatre list.

Managers ensured patients who did not attend appointments were contacted.

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.

Good

Surgery

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs. The service supported patients loved ones or carers to stay with them.

Staff were aware patients living with dementia may have additional care needs and had access to a resource box which included communication aids to support those patients.

Patients with acute mental health problems would routinely receive their care at the local NHS acute trusts due to the service exclusion criteria.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The building was on ground level and was accessible to people with mobility problems with accessible toilets available. There was a hearing loop to support people with a hearing loss.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were available to patients. Staff confirmed they were able to be translated into whatever language and this was undertaken ready for the patient's admission.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could request support from interpreters from an external agency when required.

Access and flow

Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards with processes in place to address backlogs in treatment.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were referred to the hospital by their GP, self-referral or NHS referral. Referral to treatment time targets had been difficult to meet during COVID-19 pandemic but were improving. The latest available data for May 2022 showed 54.3% of patients on incomplete pathways were treated within the target 18 weeks of referral. The median (average) waiting time for surgical procedures was 15.7 weeks. There were, however, 198 patients who had been waiting over 52 weeks for treatment. There was a process for monthly review of all patients waiting over 52 weeks to ensure they had not suffered harm whilst waiting. There was a national action plan in place to reduce the number of people waiting over 52 weeks which the service was following. Patients were transferred onto the hospital waiting list for treatment with existing waits from the point of NHS referral. Managers told us the data was not able to be analysed to identify if the wait times were attributable to Inter Provider. Transfer (IPT NHS) or Ramsay (NHS). Managers said the hospital had a key performance indicator which required NHS patients should have an outpatient appointment as part of the care pathway within eight weeks. The hospital confirmed this target was met for all patients.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients attended for day surgery. Staff ensured patients were admitted and patients attended for either morning or afternoon surgery and did not have long waits on the day of their planned surgery. Expected length of stay was discussed with patients at consultation with an approximate time for discharge confirmed at the point of admission.

Managers and staff worked to make sure that they started discharge planning as early as possible. Nurses spoke with patients before they left the ward to ensure they understood all their post-operative care arrangements.

Good

Surgery

Staff supported patients when they were referred or transferred between services. If a patient required overnight care, they were transferred to their sister hospital and staff were able to access their electronic patients notes which included a summary of their care.

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. Staff spoke to each patient before discharge about their experience of treatment at the hospital and when required follow up any concerns they had.

Staff understood the policy on complaints and knew how to handle them. Staff said all concerns and complaints were taken seriously. When possible, they would apologise and try to immediately resolve any patients concerns. Staff said they would escalate any patients concerns when needed to the manager.

Managers investigated complaints and identified themes. Complaints investigations were managed by heads of department and once completed were reviewed by the hospital director. The complaints tracker was used to monitor for any themes with complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers acknowledged receipt of complaints and provided copies of complaint investigation reports to patients in line with policy. Managers routinely met with patients to discuss complaint responses if this was requested.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers said they had a low number of complaints. During our inspection we looked at one complaint which identified a cancelled appointment. Information seen included an apology and identified shared learning across all department to avoid a similar occurrence happening again.

Are Surgery well-led?

Good

Leadership

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

There was a clear management structure for the hospital both locally and nationally with clear lines of responsibility and accountability. The hospital shared its hospital director and registered manager with its local sister service. The hospital director had been the registered manager since 2021. The hospital director provided support to the head of clinical services and heads of departments.

Good

Surgery

A new hospital manager commenced employment in April 2022 and provided local management for Stourside Hospital. The theatre manager and deputy theatre managers were experienced and provided effective leadership. There was no ward manager based at Stourside Hospital. The ward manager at the local at the sister hospital was the manager for both services. A new band 6 (sister) post had been recruited to and this person would be based at Stourside Hospital.

Managers were aware of the issues facing the service such as working with the NHS to provide timely access to treatment and ensuring availability of staff who were trained in key skills to provide continuity of the service.

Staff spoke highly of managers and said they were approachable and supportive. The theatre manager came into the hospital on their day off on the day of the inspection to be available to support staff and discuss the service with inspectors.

There was a focus on developing staff, including through leadership training programmes which were available through the Ramsay Academy. The academy had supported five current managers to undertake leadership courses and another senior manager was undertaking a" Leading our Leaders course".

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with elegant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

There was a Ramsay Health Care UK wide five-year strategy. This set out a vision to:

'Establish strategic partnerships with local, national and global stakeholders to be the trusted provider of choice to deliver excellent, affordable care to all patients with the best team in the sector'.

There were five pillars which informed the strategic plan and objectives were identified to support achievement of the strategy.

Stourside Hospital strategy was aligned to the Ramsay national strategy to deliver sustainable services providing day case surgery within a purpose-built service and working with the stakeholders including local NHS trusts and GPs to meet local healthcare demands.

Culture

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

All staff we spoke to liked working at Stourside Hospital and were supported by their managers. Staff were able to raise concerns with all managers and said their concerns were addressed.

Staff were proud of the organisation as a place to work and said they were treated with respect. Staff spoke positively about working for Ramsey at Stourside Hospital. They said it was a pleasure to come to a place of work to be treated as individuals not a number and where all managers knew their names.

Staff felt supported to raise concerns and said they felt listened to. Managers spoke positively about their team and their commitment to the service.

Good

Surgery

Staff said that there was a no blame culture and they felt confident to raise issues and concerns without fear of retribution. There was a Ramsay 'speaking up for safety' agenda which supported staff to speak up using the safety code. Staff told us that they had not experienced any racist or bullying behaviour in their roles.

Staff were supported to develop by taking opportunities available through the Ramsay Academy. There was a talent mapping process where staff could discuss any training required for progression within their role. Managers stated there was considerable investment in staff development and gave examples of how staff had been supported to complete nurse associate training, a master's degree and management courses. All staff spoken with said they had good training opportunities and were supported to develop their careers and provide quality care to meet patient's needs. One member of staff said despite a long career in the NHS they had never had the training opportunities they had received since coming to work in the hospital.

There was a positive approach to complaints about the service and looked at how patient's experience could be improved. The service had a whistle blowing policy and staff knew how to raise concerns with managers.

Governance

Information provided did not give full assurance of effective governance processes, within the service. 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 followed Ramsay's standards for good governance. The senior leadership met monthly and heads of departments met monthly. They discussed clinical incidents, accidents and near-misses, patient safety issues and reviewed new policies and procedures. Senior departmental managers also attended clinical governance meetings. Any actions arising from meetings were tracked on an action log. Team meetings across departments used similar agendas to ensure consistency in what and how information was shared.

The governance systems and processes in place were overseen by the regional clinical quality partner (CQP). The CQP had a remit to support the head of clinical services (HOC) with governance oversight and audits. The CQP and heads of clinical service met monthly to discuss the service. The HOC met with other HOCs nationally to ensure consistency of governance management across Ramsay Health Care UK.

Clinical governance reports were produced by the HOC and updated monthly. These were reported at a corporate level ensuring national oversight of the hospital's governance and performance. Heads of department attended monthly clinical governance meetings which fed into the integrated governance meetings that were held between the heads of department and senior leadership team.

We were told that staff had regular meetings at department level. We were provided with the last theatre meeting in March 2022 held between the theatre manager and theatre staff. The meeting followed a set agenda and included service performance. The service did not provide any minutes for ward team meetings. Staff and managers told us that ward meetings were currently not routine but there was a plan to reinstate regular meetings by the new ward manager.

There was some information sharing at daily huddle meetings between the leadership team and heads of department. Corporate messages were shared at these meetings and then shared with staff by the heads of department. These included, for example, lessons learned from incidents and complaints. However, there was no formal or consistent process for the sharing of learning with all staff.

Good

Surgery

The hospital had a medical advisory committee (MAC) which met quarterly. Meeting minutes followed a fixed agenda and were thorough. There was a policy in place for management of consultant practising privileges. Review included General Medical Council (GMC) registration, appraisals, indemnity insurance, and disclosure and barring service checks. The MAC reviewed all applications annually. They advised the hospital director regarding eligibility for practising privileges, their continuation, withdrawal, suspension or restriction. The final decision rested with the hospital director and was signed off corporately. The Chair of the MAC met weekly with the hospital director. These meetings included the review of serious complaints, clinical incidents and the provision of potential new services. The registered manager wrote formally to consultants to explain privileges would be suspended if required documentation was not submitted by the specified due date. No consultants were suspended at the time of our inspection.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. Risks were identified and escalated to ensure actions to reduce the impact of the risk.

The service provided a copy of the risk register for theatre, the ward and outpatients. Department managers had oversight and reviewed department risks with actions identified to reduce the impact of the risk. Any risks scoring nine or above (where a maximum score was 20), were escalated and added to the hospital risk register. All hospital wide risks were reviewed by the clinical quality partner to ensure appropriate actions were in place to mitigate the risk. Any risks that had potential national relevance or impact were escalated to the Ramsay corporate risk register via the group risk committee.

There was a full audit plan for the year which highlighted those that had been completed and those that were pending. These audit plans were in line with the wider group requirements. Audit results were presented to staff at departmental meetings. Individual areas for focus were highlighted with general findings and learning that had taken place.

There were systems to monitor the service's performance. The hospital director and head of clinical services met with heads of department monthly to review service performance. This included review of achievement of clinical indicators, audit performance, compliance with training requirements and any incidents and complaints. Performance for clinical key performance indicators was reported at a corporate level and funnel charts were produced which monitored performance of each hospital in the Ramsay Health Care UK group. Any outliers for performance were reviewed and appropriate actions were put in place to improve performance. Whilst audit performance was reviewed, evidence of learning was not consistently provided.

Any poor performance concerns within the consultant body were addressed at the Medical Advisory Committee. Practising privileges were granted, reviewed and withdrawn through this process.

Information Management

The service collected reliable data and analysed it to assess performance and when needed improvement. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

Data was collected and analysed to assess performance and identify areas for improvement. Data was shared across the Ramsay Health Care UK group to enable services to benchmark their own performance against other hospitals

The information system was largely computer based with access limited to staff with individual password protection. A new electronic record programme had recently been introduced across the hospital. Any paper records were scanned into the electronic system at the point of patient discharge. This meant that medical records were stored securely.

Good

Surgery

All data and notifications were submitted to external organisations appropriately. There was a process for review of incidents that may meet the reporting threshold to decide if a notification was required.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. It developed services with participation of staff and patients and there was a demonstrated commitment to acting on feedback. The hospital's website provided a wide range of information about the clinical services available. It also provided information about how to leave feedback. For example, by emailed satisfaction survey, comments on the social media page, NHS choices) and a search engine review. Satisfaction feedback scores we reviewed were consistently high. Managers were visible in the departments, which provided patients and visitors with opportunity to express their views and opinions face to face.

Staff had a conversation with each patient at the point of discharge to see if they had been satisfied with the care they had received. Feedback forms were sent out to all patients following discharge. The hospital website encouraged patients and the public to get in touch with any feedback to help staff and managers improve the service.

Staff used the morning safety huddles to share messages and good practice. Staff received a corporate newsletter containing business news, safety messages and 'unsung hero' nominations. The hospital's strategy included a focus on building long term partnerships with stakeholders, which included local NHS hospital trusts and community.

The clinical director for Ramsay Health Care UK sent 'flash messages' about current relevant guidance (e.g. NICE guidelines) or issues of concerns to all staff by email. There was also a monthly clinical update newsletter issued monthly which detailed audit performance across the Ramsay Health Care UK group.

The hospital engaged with staff through regular staff surveys which identified how engaged and enabled staff who worked for the organisation felt. Results of the survey were shared with all staff and opportunities for improvement were identified. A staff working group was created to generate ideas for an action plan based on the results. The hospital director had just set up a staff engagement group where any staff issues could be raised, and staff suggestions could be discussed. An employee of the month award, nominated by staff, had been introduced.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Staff were supported to access training which would improve services available for patients. The hospital had a staff member undertaking a master's in research. As part of this research a clinical trial using bone-conducting headphones which played classical music to patients before, during and following their operation had been initiated which had shown to be successful in managing pain and anxiety.

Good

Outpatients

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

Are Outpatients safe?

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. Training figures provided following the inspection showed that staff completed on average 92% of all mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed mandatory training on a range of subjects to support them in their roles including safeguarding adults and children, hand hygiene, information security, equality and diversity, conflict resolution, fire safety, health and safety, moving and handling, and infection prevention and control.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers assessed an electronic system which monitored staff completion rates of mandatory training. Managers could see the mandatory training status for each staff member and the status of each individual module. Managers individually reminded staff to complete upcoming mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed adult and children safeguarding training in line with best practice. All staff also completed 'PREVENT' which is training to increase awareness of safeguarding of vulnerable people from being radicalised.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Although there hadn't been any reported safeguarding referrals in this department in the last 12 months staff could give examples of referrals they had made at other locations.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had a clear understanding of how to recognise and report abuse. Staff could access contact details of the local safeguarding teams and the hospital's safeguarding policy.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had up to date policies for safeguarding children and vulnerable adults. Staff could explain how to raise a safeguarding incident using the department's incident reporting system.

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. All areas in the outpatient's department were visibly clean. The waiting areas and clinical areas were clean and well-maintained, and furnishings met infection control standards.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Whilst on inspection we checked cleaning records for the previous month which were all fully signed as being completed.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to PPE including; aprons, masks and gloves in a variety of sizes. Staff were seen following guidelines around the safe application and removal of PPE. All staff were 'bare below the elbows' which enabled effective hand washing and all staff cleaned their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". We saw posters reminding staff of these five moments.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used a sticker system which showed when a piece of equipment had been cleaned and was ready for use.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Emergency alarms were fitted in all consulting rooms and the system was tested during our inspection. Staff responded promptly when this occurred.

The design of the environment followed national guidance. The department was one corridor for the surgical outpatients as well as a physiotherapy room and a clinic room for carrying out minor procedures. The minor procedures room had a dedicated scrub sink and personal protective equipment (PPE) station for staff. The waiting area was in clear sight of the reception desk with chairs socially distanced. The waiting room had a water machine available for patients.

Staff carried out daily safety checks of specialist equipment. Managers ensured specialist equipment was covered under a service level agreement to cover both maintenance and call out visits when they were needed.

Staff checked the resuscitation trolley in the department and ensured it was in working order and stock was available. Staff completed stock checklists for the trolley on a daily and weekly basis. Staff used anti-tampering devices on the trolley to ensure it was not assessed by unauthorised persons. Dedicated staff completed electrical safety checks for all equipment in the department yearly. Staff stored stock in a suitable manner. Staff stored consumables neatly in trolleys, consulting and treatment rooms. Clinical consumables in the outpatient department were in date and there was evidence of stock rotation.

The service had enough suitable equipment to help them to safely care for patients. Staff felt they had enough suitable equipment to carry out their role.

Staff disposed of clinical waste safely. Staff labelled sharps bins correctly and did not overfill them. Staff emptied waste bins after each clinic and stored it securely in a dirty utility room until collection by cleaning staff. An external company then collected waste. Clinical waste bins were secure in an outside storage area of the hospital.

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. All staff knew how to identify and manage deteriorating patients. Alarms were in each consultation room. Staff knew what actions to take and who to escalate their concerns to. Staff had training in immediate life support which included basic life support training to ensure they had the skills to help a deteriorating patient. Staff had access to a resident medical officer (RMO) on site to respond to any sudden deterioration episode.

Staff assessed risks associated with minor procedures in the department. Staff completed the World Health Organisation (WHO) surgical checklists and we saw these were completed fully. We observed a procedure where staff followed this process fully from start to finish.

Staff completed risk assessments for each patient before their arrival at the department. Staff knew in advance which patients were attending the department.

Staff shared key information to keep patients safe when handing over their care to others. Staff had policies and procedures for the safe admission of patients to the hospital if this was assessed as required. Staff assisted consultants in the processing of referrals to other services outside of the hospital.

The beginning of shifts included all necessary key information to keep patients safe. Staff completed handovers between shifts and discussed arrangements for patients and assigned roles for staff ahead of their appointment where needed.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Managers felt they had enough staff to keep patients safe. Managers arranged rotas for the department in advance. Staff were positive about how the department

was staffed and there was enough staff with the right skill mix to cover clinics so that consultants and patients had suitable members of staff during clinics. Managers attended daily safety huddles at the hospital each morning to report staffing numbers and any difficulties they were experiencing. Managers shared staff with other departments to ensure that patient care wasn't interrupted.

The manager could adjust staffing levels daily according to the needs of patients. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift based on the type and number of clinics running and the number of patients attending. Managers had rotas that looked at the staffing needs of the department.

The service had low vacancy rates.

Managers limited their use of bank staff and requested staff familiar with the service. Managers had nurses on their bank staff list. The department did not use external agency staff.

Managers made sure all bank staff had a full induction and understood the service. Managers had used bank staff in the past year. Managers completed the same induction checklist relevant to the department as full-time staff. This included making staff aware of any department specific information. Bank staff members told us they felt the induction was comprehensive.

The service offered practicing privileges to consultants subject to a range of checks being completed. Practicing privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

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. Consultants fully completed patient records and included details such as clinical assessments, risk assessments, medicines, allergies, and consent. Staff fully completed WHO surgical checklists for minor operations.

When patients transferred to a new team, there were no delays in staff accessing their records. All patient records were electronic so could be accessed by patients across both divisions of the hospital.

Records were stored securely. All staff members had separate logins to the record systems. Staff ensured that they locked computers or logged out when not at the computer. Staff ensured patients could not see confidential information on the computer screens.

Medicines

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

Staff followed systems and processes to prescribe medicines safely. Consultants prescribed medicines during clinics.

Staff completed medicines records accurately and kept them up-to-date. Staff kept a record of any medicine prescribed which was put in the patient's notes.

Staff stored and managed all medicines and prescribing documents safely. Pharmacy arrangements ensured the safe storage of medicine. Staff reviewed medicines to check they were in date and there was evidence of stock rotation and monitoring. Staff checked emergency medicines once a week and completed daily and weekly checklists. All emergency medicines had security tags to prevent tampering.

Staff stored medical gases including oxygen and liquid nitrogen correctly. The hospital had an oxygen pipeline system in areas where staff completed minor clinical procedures.

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.

Staff knew what incidents to report and how to report them. Staff had access to an incident reporting system. Staff showed an understanding of incidents or events that would require reporting. Managers used a clear policy and pathway to guide staff on how to report incidents.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. There was a Ramsay Health Care UK corporate incident reporting policy which set out staff responsibilities for reporting incidents. From 1 December 2021 to 31 May 2022, the service had reported 69 incidents. Managers told us no themes had been identified in these incidents, but any themes recognised across the Ramsay Health Care UK group would be discussed and actioned locally with appropriate teams.

The service had no never events in the past 12 months.

The service had no serious incidents in the past 12 months.

Managers and Staff understood the duty of candour, but they could not give examples as no incidents had met the criteria for this. Managers demonstrated an open and honest approach with patients, apologising if something went wrong and learning lessons through the process.

Managers investigated incidents thoroughly. Managers were responsible for sharing actions and learning lessons as part of a wider hospital process.

Managers shared learning amongst the team to make sure that action was taken to improve safety. Learning from incidents from across the hospital, and the nearby hospital owned by the same provider was shared during team meetings. Immediate learning was shared during morning huddles if necessary.

Although there had not been any serious incidents, managers had systems to debrief and support staff after any serious incident.

Good

Outpatients

Are Outpatients effective?

Inspected but not rated

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. Managers received new information relevant to the department to review and implement. New policies came from provider level and were sent to managers. Managers ensured staff read and understood any new policies.

Managers used policies related to outpatient care including; safeguarding vulnerable adults, complaints, mental capacity, and infection control. These were up to date with consideration of national guidance from the Nursing and Midwifery Council, the Office of the Public Guardian, and the National Institute for Health and Care Excellence.

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. Consultants and staff routinely assessed for pain when it was clinically indicated and during and after minor operations. Consultants discussed pain if it was a risk in the presenting condition and recorded this in the patient notes.

Patients received pain relief soon after requesting it. Consultants managed patients pain relief during consultations.

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.

Please see the surgery core report for details on hospital wide patient outcomes.

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 hospital took responsibility for checking the professional registrations of its staff and managers were aware of this process. Staff had their competency checked on a regular basis.

Managers gave all new staff a full induction tailored to their role before they started work. All staff working in the department were provided with an induction checklist which gave details of a systems in the department and a wide range of other information. This included bank staff.

Good

Outpatients

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff we spoke with told us they felt these appraisals gave them an opportunity to identify areas for improvement. We saw evidence of regular staff appraisals in staff files. As part of the process staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. According to data supplied by the hospital following the inspection 11 out of 14 staff had completed their yearly appraisals. The remaining three staff members had appraisals booked by the end of July 2022.

Managers supported nursing staff to develop through regular, constructive supervision of their work. Staff told us they had regular supervision with their managers. We saw evidence of this in staff members files.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Meeting were minuted and standardised. We reviewed the notes from the previous two staff meetings and saw they covered all the appropriate updates required across the hospital.

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 worked across health care disciplines and with other agencies when required to care for patients. Doctors and nurses worked well with each other within the department. Staff worked well with staff within the surgery department.

Patients could see all the health professionals involved in their care at clinics. The department interacted with other departments to optimise patient care. For example, managers consulted with surgery so that patients could have their scans on the same day as their appointment.

Seven-day services

Key services were available to support timely patient care.

The provider operated clinics five days a week. Consultants ran their clinics at different times in the morning or afternoon.

Staff could call for support from doctors and other disciplines.

Health promotion

Staff could direct patients toward practical support and advice to lead healthier lives on request.

The service had relevant information promoting healthy lifestyles and support in patient areas. Information on healthy lifestyles was available in the reception area.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Patients were provided with support to lead healthier lives if needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used agreed personalised measures that limit patients' liberty.

Good

Outpatients

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Due to the admission and exclusion criteria, any patient who was deemed to lack capacity and who would not be able to consent to treatment, would have arrangements made to treat them at the local NHS trust. Staff were able to explain clearly how they would raise any concerns with a patient's capacity to consent, to the referring clinician. They had not however needed to do this.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff fully explained all the information to patients prior to minor operations. Staff clearly recorded consent in the patients' records. We reviewed five records which showed staff fully completed this. We observed a patient consenting to a procedure.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff could describe and knew how to access the policy on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could explain where policies were found for reference if they needed this. Staff did not have examples associated with complex consent, but the hospital had policies available on the hospital intranet which took into account national standards and legislation.

Are Outpatients caring?

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. Staff cared compassionately for patients. Patients were booked in electronically by the receptionist with time of arrival. Staff we observed throughout the inspection demonstrated a person-centred approach.

Patients said staff treated them well and with kindness. Patients told us staff interacted with them as they arrived at hospital and spoke to patients with kindness. Patients said consultants and nurses were professional. Staff spoke to patients politely on arrival and during consultation. Reception staff followed up appointment's when people had been waiting and reassured patients.

Staff followed policy to keep patient care and treatment confidential. Staff understood confidentiality of patients care and treatment. Staff closed doors during appointments and maintained confidentiality. Staff had sensitive conversations in private during appointments. Reception staff ensured that the computer screen could not be seen in the reception area.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff members told us they had completed Equality and Diversity training. Staff worked with patients from a diverse background and provided appropriate care to patients tailored to individual needs.

Good

Outpatients

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. We witnessed appointments tailored to individual patient needs. Staff were passionate about the care they provided and took time to speak to patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff provided reassurance and spoke to the patients waiting for surgery with compassion and took time to listen to the patient.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff delivered bad news in private rooms.

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. When patients became anxious waiting for minor surgeries and routine appointments, we witnessed staff providing them with emotional support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff involved patients in decisions. Patients had the opportunity to ask questions during appointments. Consultants and nurses were sensitive towards patients.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients had an opportunity to give feedback by completing a Patient and family survey. Staff told us patient feedback was important to them so they could improve with care provided to patients at the hospital.

Staff supported patients to make advanced decisions about their care. We saw patients were able to make advance decisions for planned minor surgery and asked question during a pre assessment. Patients told us they received information of their treatment with their appointment letters.

Patients gave positive feedback about the service. Patients told us the staff treated patients well and were involved in their care. Patients fed back to staff how they were helpful and caring. Staff told us patient feedback was important to change practices to facilitate patients better.

Are Outpatients responsive?

Good

The service planned and provided care in a way that met the needs of local people.

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. Managers and staff co-ordinated with other departments to ensure that patients were able to have all their tests during one visit.

Facilities and premises were appropriate for the services being delivered. The department was designed appropriately and it supported social distancing where possible. Signs were used to aid patients in navigating the department. Toilets were available by the main reception and in the department with suitable locks for privacy. The hospital had car parking facilities for all services.

Managers ensured that patients who did not attend appointments were contacted. Reception staff contacted patients who did not attend to try and re-book appointments.

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 were aware that patients living with dementia may have additional care needs and had access to a resource box to support those patients.

The service had information leaflets available in languages spoken by the patients and local community. Staff had access to information leaflets in a variety of font sizes, braille and alternative languages.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff booking an appointment added translation needs on the booking system so that arrangements could be made ahead of time.

Staff had access to communication aids to help patients become partners in their care and treatment. Managers had suitable arrangements and signs to let patients know hearing loops were available in the hospital. Staff provided patients with information on the facilities provided at the hospital. The information met the accessible information standard.

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 worked to keep the number of cancelled appointments to a minimum. Managers could add and remove clinics when demand required them to do this. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients were seen as promptly as possible for appointments. There were sometimes long waits for appointments, but patients were kept regularly updated.

For hospital wide information on wait targets please see the surgery section of the report.

Good

Outpatients

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.

Please see the surgery core service report for details of the wider hospitals learning from complaints and concerns.

Are Outpatients well-led?

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 was a clear management structure for the hospital both locally and nationally with clear lines of responsibility and accountability. Within the department there was a clear leadership structure. The outpatients and pre op assessment leaders were experienced and provided effective leadership.

Staff spoke highly of managers and said they were visible, approachable and supportive.

Please see the surgery core service report for more hospital wide details of the hospital leadership.

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.

Please see the surgery core service report for details of the wider hospital vision and strategy.

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 within the department felt respected, supported and valued. Staff told us that managers ensures they demonstrated the values that made staff feel this way.

Staff said they felt comfortable raising concerns with their line manager. Staff expressed having a good relationship with their manager.

Please see the surgery core service report for more hospital wide details.

Good

Outpatients

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.

Please see the surgery core report for details of the hospital governance processes.

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.

Each department held a local risk register which recorded risks and provided a system to monitor a reduction in risk. Local risks for outpatients were reviewed at monthly heads of department meetings; we saw evidence of this process.

Please see the surgery core report for more hospital wide risk management details.

Information Management

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

Staff did not leave computers unattended and areas holding information were locked when left unattended. All staff had individual logins for the patient records system.

Please see the surgery core report for more details on hospital wide information management.

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.

Please see the surgery core report for details on hospital wide engagement.

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.

Please see the surgery core report for details on hospital wide learning, continuous improvement and innovation.