

Nuffield Health

Nuffield Health Bournemouth Hospital

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Nuffield Health Bournemouth Hospital is a large independent acute hospital part of the Nuffield Health group. The service provides care for patients in the South West of England.

The hospital provides surgical, medical, outpatients and diagnostic services, and services for children and young people.

At our unannounced inspection in April 2022, we inspected and rated the following services:

- Surgery – the rating improved from requires improvement to good
- Medical care – the rating remained good

Our overall rating for Nuffield Health Bournemouth improved from requires improvement to good. We rated it as **good** because:

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

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

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

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

Summary of findings

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

We rated this service as good overall because it was safe, effective, caring, responsive and well-led.

**Medical care
(Including
older people's
care)**

Good



Summary of findings

Contents

Summary of this inspection

Background to Nuffield Health Bournemouth Hospital	6
Information about Nuffield Health Bournemouth Hospital	6

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Nuffield Health Bournemouth Hospital

The service was last inspected in November 2016 to follow up a warning notice in surgery and the last comprehensive inspection was in May 2016 when the service was rated requires improvement overall.

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

The hospital has a registered manager, Mr David McNair, and the service is registered to provide the following regulated activities:

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

How we carried out this inspection

On our visit to Nuffield Health Bournemouth Hospital we met and spoke with eight patients. We met and spoke with 22 staff, including doctors, nurses and pharmacists. We spoke with several senior managers and department heads. We visited Cooper Dean ward, surgical theatres, pre-op assessment area, endoscopy and cardiology areas of the hospital.

The inspection team included one inspection manager, one inspector, and one specialist advisor with expertise in surgery.

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

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

Outstanding practice

We found the following outstanding practice:

The service was working with the local university and the orthopaedic institute on research into the effectiveness of joint replacement surgeries performed with robotic surgical equipment.

Areas for improvement

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

Summary of this inspection

Action the service **SHOULD** take to improve:

Surgery

- The service should ensure improvements are made to the quality of recordkeeping. Regulation 17 (2) (c)
- The service should ensure all areas of the premises have appropriate flooring in line with infection control national guidance. Regulation 12 (h)
- The service should ensure liquid medicines are dated when opened and controlled drugs are managed in line with national guidance. Regulation 12 (g)
- The service should consider improving systems to gather appraisal compliance data effectively.
- The service should consider how improvements can be made to the security of the building.
- The service should consider improving the version control of documents in use across the hospital.

Medical Care

- The hospital should ensure the cardiac catheter lab is free from dust. Regulation 12 (h)
- The hospital should ensure that blood bottles are in date in the cardiology recovery area, and audit this regularly.

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
Medical care (Including older people's care)	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Surgery

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

Are Surgery safe?

Good 

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. Overall compliance with mandatory training for all staff across the hospital was 94% which met the provider's target of over 90%. Training was comprehensive and met the needs of patients and staff. Mandatory training modules included but were not limited to: basic life support, infection control, manual handling, COVID-19 awareness, fire safety, diversity & inclusion and information governance. Managers monitored mandatory training and alerted staff when they needed to update their 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. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service used the latest legislation in policies and procedures. Safeguarding adults level 3 training had been introduced for staff in all clinical areas in line with national guidance. Data from the most recent quarterly clinical governance report showed 57% of staff had completed this training. The hospital had a grace period for full compliance with this training while it was being introduced.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff escalated safeguarding concerns to the matron. Data showed safeguarding themes and trends were reviewed in quarterly governance meetings.

Surgery

Cleanliness, infection control and hygiene

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

All areas were clean, and most areas had suitable furnishings which were clean and well-maintained. The hospital had carpet in the corridors of Cooper Dean ward on the second floor of the hospital. Managers had risk assessed the infection control risk relating to the remaining carpet in the hospital building. Following the inspection, the service updated the cleaning schedule for carpets to ensure carpets were vacuumed daily, steam cleaned twice monthly and shampooed on wards once a month.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers completed cleaning validation audits monthly. Staff followed infection control principles including the use of personal protective equipment (PPE) to protect and prevent healthcare-associated infection. Staff had access and training on the safe use of FFP3 masks. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Changes to cleanliness processes and practices were implemented and communicated to staff. Staff had access to the Nuffield group coronavirus information hub to support staff to stay up to date on guidance.

Staff worked effectively to prevent, identify and treat surgical site infections. The service monitored surgical site infections in the quarterly governance report. In the first three months of 2022 there was one confirmed surgical site infection which had been reported to the UKHSA and an investigation was in progress.

The surgery infection control lead monitored surgical site infections with the clinical director of services who was also the director of infection prevention and control at a weekly surveillance meeting. The service called all hip and knee replacement patients 30 days after their procedure to gather data to inform monitoring of infections and patient outcomes more generally.

We reviewed the minutes of the last three infection prevention control and antimicrobial stewardship committees and saw surgical site infections were monitored at this meeting.

Environment and equipment

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

The design of the environment followed national guidance for safety most of the time. There were areas of the hospital, on the first floor and in the corridors of Cooper Dean ward where there was carpet on the floors of clinical areas. The hospital had replaced carpet in patient bedrooms and consulting rooms as part of a Nuffield group-wide project but the carpet in the corridors remained.

The service had three operating theatres, two of which were on the first floor and the third was on the ground floor. Staff told us it was challenging when large pieces of equipment needed to be moved between the theatres on different floors due to the manual handling involved.

On wards and in departments we visited, patients could reach call bells and staff responded quickly when called. Staff carried out daily safety checks of specialist equipment. The service had suitable facilities and equipment to safely meet the needs of patients' and their families. Staff disposed of clinical waste safely.

Surgery

However, there were some parts of the estate where security, particularly of non-patient areas, needed to be improved to protect staff and patients. For example, some doors had signs to say 'no unauthorised access' but these doors were open and the keycodes staff used to gain access to the building were very simple and not regularly changed. We discussed the security of the building with the estates manager and they told us the security of the hospital site was on the risk register and they had recently applied for funding for closed circuit television (CCTV) and improvements to security. Following the inspection, the facilities lead gained agreement from the national Nuffield group property director to agree in principle to installation of CCTV at the hospital and security gates on the car park.

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 completed pre-operative assessments to make sure patients were fit to have their surgery. Due to COVID-19, most patients had telephone pre-assessments, but staff were able to invite patients in for a face to face assessment if needed. A full medical history was undertaken with a list of medication.

The service had detailed inclusion and exclusion criteria that had recently been reviewed. The service used the American Society of Anaesthesiology scoring metric to determine if a patient was healthy enough to undergo surgery and anaesthesia. Pre-operative assessment staff were able to refer patients to the anaesthetist if they had any concerns and there was an anaesthetist-led pre-op assessment clinic once a week. Staff completed risk assessments for each patient on admission. Staff knew about and dealt with any specific risk issues for patients such as risk of falling.

Staff used a nationally recognised tool (the national early warning score – NEWS2) to identify deteriorating patients and escalated them appropriately. While all seven patient observation charts we reviewed were escalated appropriately, one chart we reviewed was difficult to interpret to see what action had been taken. We reviewed this record with the matron who showed in the patient's notes where the patient had been reviewed by the RMO overnight. Managers completed audits of patient observation charts every other month. The service scored 89% in the last audit.

Patients were assessed for venous thromboembolism (VTE) (blood clots). VTE incidents were reported through the electronic reporting system and monitored through the quarterly governance report. In the seven records we reviewed we found consultants did not always complete VTE paperwork to ensure a clinical plan for managing the patients VTE risk was made. The theatre manager told us staff were reminded to check and ensure consultants had completed VTE assessments in patient notes when they checked consent paperwork before starting a theatre list, in line with the hospital policy. We reviewed the VTE audit action plan for April 2022 and saw that there were plans for spot audits and further documentation audits. The matron told us medical records were transitioning to a full single patient record and this was impacting on the quality of VTE assessment recording. The last VTE audit in April 2022 of ten sets of notes scored 96%.

We observed the WHO safety checklist in theatres and found practice was exemplary. The service completed quarterly qualitative audits of the WHO safety checklist. The latest audit result was 100% compliant.

The service had recognised the risk of ambulance waits and the acuity lead had worked to ensure staff were aware of how to support a deteriorating patient awaiting transfer. A space was always available in the recovery area for a patient needing transfer to receive monitoring and treatment before transfer to hospital by staff dialling 999 and waiting for an ambulance.

Surgery

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. We reviewed staffing ratios for the wards between January to March 2022 and found the number of nurses and for all shifts matched the planned numbers. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The service aimed to have no more than five patients to every trained nurse which was above the national guidelines of eight patients to each trained staff in the day and 14 at night. They adjusted staffing levels daily according to the needs of patients. Cover was provided for staff absence and managers requested bank and agency staff who were familiar with the service. They made sure all bank and agency staff had a full induction and understood the service.

There were vacancies in theatres especially in recovery at the time of inspection. These were managed by use of bank and agency staff. The service had plans for further international recruitment of staff.

Medical staffing

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

The service had enough medical staff to keep patients safe. The medical staff matched the planned number. There were two resident medical officers employed by the service who worked one week on and one week off.

The service always had a consultant on call during evenings and weekends. Staff we met said they had always been able to reach a consultant for advice or they had attended the ward if needed.

Cover was provided for staff absence. Managers could access locums when they needed additional medical staff and made sure locums had a full induction to the service before they started work.

Records

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

Most patient notes we reviewed were comprehensive and all staff could access them easily. In a review seven sets of notes, there were areas where the patient records had standard forms which were incomplete or blank. It was difficult to follow the record of one specific patient who developed a serious clinical complication, how the condition developed over time, and was monitored. We reviewed three patient records with the matron to discuss these shortfalls in more detail. Following the inspection, the service told us they had set up a working group to review medical records.

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

Managers completed documentation audits of a sample of 20 patient notes every three months. We reviewed the last two records clinical records audits and found the quality of pre-operative assessments; risk assessments and care records were all audited as part of this audit and overall compliance was above 98% in the past two quarters.

Surgery

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. Patients' medicines were reviewed regularly, and staff provided advice to patients and carers about their medicines. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between health and care services. Our review of charts showed staff completed medicines records accurately and kept them up to date. Audits showed staff were aware of safety alerts and incidents to improve practice. For example, the medication audit for January to March 2022 included an action plan to improve compliance with recording patient allergy status.

All medicines and prescribing documents were managed and stored safely. The hospital completed prescribing audits and actions were identified to improve safety.

However, a controlled drugs' register in theatres did not have the name of the staff printed alongside the entry as required. We found one bottle of liquid medicine that was open, but the date of opening was not recorded on the bottle to ensure it was used within their new expiry date.

Incidents

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

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the organisation's policy. The service reported a summary of all incidents and how they were graded in quarterly governance reports.

Reports from investigations showed managers investigated incidents thoroughly. There was evidence that changes had been made as a result of identified learning. For example, processes for monitoring patient temperatures in theatres were improved following poor performance in clinical audits. Staff received feedback from investigation of incidents, both internal and external to the service.

Staff we spoke with understood the duty of candour. They were open and transparent and gave patients and families a full explanation and apology when things went wrong. Managers shared learning about never events and serious incidents with their staff and across the organisation.

Managers reviewed incidents such as transfers out to the local NHS hospital to look for themes and trends. A review of an increase in transfers out in 2021 found that the increase transfers out was in line with an increase in activity and no safety concerns were identified.

The service had two never events in the past year. Learning was identified relating to ensuring the 'stop, look and listen' moment was followed during the WHO checklist. Quarterly governance reports included learning from never events from Nuffield group hospitals nationally.

Are Surgery effective?

Surgery

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Managers monitored changes to clinical guidance through quarterly governance meetings. Patients' physical, mental health and social needs were assessed and met. Their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and evidence-based practice. Staff used the Abbey Pain Scale to assess pain levels for patients with communication needs. Patients received timely pain relief soon after it was identified they needed it, or they requested it. Staff prescribed, administered and recorded pain relief accurately. The service completed quarterly pain audits and scored 98% on the last quarterly pain audit.

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. Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes.

Surgery

The hospital submitted to the National Joint Registry and in the past three years the service performed consistently within the expected range and for most indicators scored above the national average.

The hospital participated in patient reported outcome measures and patients reported consistently positive. For hip replacement the percentage of patients reporting an improvement in Oxford Hip Score 6-9 months post discharge was 99% in 2020 and 2021. For knee replacements the percentage of patients reporting an improvement in Oxford Knee Score 6-9 months post discharge was 93% in 2020 and 95% in 2021.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits. The surgery governance lead was working to improve audit processes in theatres in line with the association for perioperative practice safety standards.

Managers and staff investigated outliers and implemented local changes to improve care. Improvement was checked and monitored. Managers monitored and reviewed patients who returned to theatre. The internal review of returns to theatre January to March 2022 showed the return to theatre rate was low (1.85%) and the three returns to theatre were for known complications of surgery and no concerns with the patient's care were identified.

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 all new staff a full induction tailored to their role before they started work. Managers supported all staff to develop through yearly, constructive appraisals of their work.

However, there was a lack of assurance of the completion of appraisals or performance reviews with staff which had been updated to a more conversational process. This resulted in the system to capture the effectiveness of monitoring and supporting staff being less complete. Following the inspection, the hospital managers were working with the central governance team and data analysts to refine the system so that reports of appraisal compliance could be generated.

Managers and the clinical educators supported staff to develop through regular, constructive clinical supervision of their work. The clinical educators supported the learning and development needs of staff. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and, when possible, gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Care was delivered and reviewed in a coordinated way when different teams, services or

Surgery

organisations were involved. Staff ensured people received consistent coordinated, person-centred care and support when they used, or moved between different services. All relevant teams, services and organisations were informed when people were discharged from a service. Where relevant, discharge was undertaken at an appropriate time of day and only done when any necessary ongoing care had been arranged.

Seven-day services

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

Staff could call for support from doctors and other disciplines and diagnostic services, including mental health services, 24 hours a day, seven days a week.

Most services were available Monday to Friday. The service was working towards six day working and occasionally ran surgical lists and pre-op clinics on Saturdays.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The surgical pre-assessment process included a review of patients exercise habits and alcohol intake. Nurses encouraged patients to reduce alcohol intake ahead of an operation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they would speak with the clinical director of services if they had concerns about a patient's capacity to make decisions.

Managers completed quarterly consent audits to check the quality of consent records in 20 records every quarter. The results for the last consent audit were 100%.

Surgery

Are Surgery caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. All patients we spoke with were very pleased with the care and treatment they had received. Patients said staff treated them well and with kindness. Patients told us staff had 'been amazing' and were 'absolutely lovely.'

Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with told us they felt 'very reassured' by staff. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

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 talked to patients in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions and informed decisions about their care. Patients gave positive feedback about the service. For example, in March 2022 144 patients responded to the patient satisfaction survey across the whole hospital and of these respondents 94% commented their experience of the service was very good or good overall.

Are Surgery responsive?

Good 

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

Surgery

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. The hospital provided planned surgery for privately funded and NHS patients. In the first three months of 2022, the service had 399 inpatient episodes of which 340 were privately funded and 59 were NHS patients, and 711 day-cases of which 595 were day cases and 116 were NHS patients.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach.

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.

Wards were designed to meet the needs of patients living with dementia. Staff supported patients living with dementia and learning disabilities by using specific documents. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, and carers could get help from interpreters or signers when needed. The matron held a daily safety huddle with clinical heads of department that included a section on ensuring all staff were aware of any patients with additional needs.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

People were supported during referral and transfer between services and discharge. There were reasonable adjustments made so that people with a disability could access and use services on an equal basis to others.

Access and flow

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

Managers monitored waiting times and made sure patients could access planned surgeries when needed and received treatment within agreed timeframes and national targets.

The theatre manager and theatre bookings coordinator worked together to schedule theatre lists.

Managers and staff worked to make sure patients did not stay longer than they needed to. The average length of stay for inpatients in the first three months of 2022 was 1.5 days. Managers and staff worked to make sure that they started discharge planning as early as possible. For example, nurses at pre-assessment clinic asked patients about their home situation and their support network.

Surgery

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 understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers monitored complaints in quarterly governance meetings. Between January and March 2022, the hospital received seven complaints. There was no theme to the complaints at the service investigated and responded to patients in a timely way. We reviewed the responses to the last three formal complaints and found all complaints were responded to with a full apology and the outcome of the complaint investigation.

Staff could give examples of how they used patient feedback to improve daily practice. For example, staff told us how following patient feedback on the quality of information provided at discharge, a new discharge coordinator role had been created to allow for a healthcare assistant to spend more time with patients preparing them for going home.

Are Surgery well-led?

Good 

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

Leadership

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

The hospital was led by a hospital director and a matron. A theatre manager supported by an anaesthetic lead, a scrub lead, a recovery lead and a governance lead supported the theatre manager and deputised their role jointly. The surgical inpatient ward, Cooper Dean, was managed by two ward managers who shared the role.

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable and were consistently positive about the leadership from the hospital director and the matron. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and a leadership strategy and development programme, which included succession planning.

Surgery

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.

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The corporate values were 'We Care – connected, aspirational, responsible, ethical.'

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the population. We reviewed the Quality and Safety Strategy 2021 – 2023 and found plans for a purpose-built hospital were in the design phase and a land had been identified for the build. The new-build hospital would be an expansion on the current facilities.

Culture

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

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action was taken because of concerns raised. The service had a Freedom to Speak Up Ambassador available on site who was supported by a national Freedom to Speak Up lead for the Nuffield group. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff we spoke with were very positive about the open culture at the hospital.

Managers gathered feedback from staff through electronic surveys every month and reviewed every comment. Staff could raise issues anonymously through the system and managers could respond to concerns by email.

There were mechanisms for providing all staff at every level with the development they needed. There was a strong emphasis on the safety and well-being of staff. Staff could access wellbeing support from 'wellbeing champions' and occupational health services.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other.

The service had quarterly Quality and Safety Committee meetings. We reviewed the minutes of the last three quality and safety committee meetings and found these meetings were well-attended. The standard agenda included discussion of

Surgery

policy updates, quarterly updates from sub-committees, regulatory compliance, internal quality assurance review, evidence-based guidance and risk register review. A regional care quality partner was available to support the clinical director of services. Matron had a database of all incidents to ensure incidents were reviewed in a timely way and that any themes could be identified.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

The medical advisory committee (MAC) met quarterly and the chair of the MAC met regularly with the hospital director and clinical director of services.

The hospital director and MAC monitored consultant practising privileges and details of any concerns or changes to practising privileges were discussed at the quarterly MAC meeting.

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.

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. The main risks in surgery were the crash call system, clinical staffing shortages and temperatures in the operating theatres. Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored.

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.

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

Surgery

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Lessons were learned when there were data security breaches.

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.

There were positive and collaborative relationships with external partners to build a shared understanding of the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance. The hospital managers had meetings with the local NHS hospital every other month.

The hospital completed staff surveys every year. Managers were taking action to improve the working environment, for example by installing bike sheds on the premises, following feedback from staff.

Staff we spoke with were positive about the openness of the hospital director and matron of services.

The matron visited patients every day before they were discharged and made a log of these interactions to see if there was anyway care could be improved.

The service used 'you said, we did' boards to demonstrate to patients and staff they were learning from their feedback.

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.

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes. For example, the service was working with the local university and the orthopaedic institute on research into the effectiveness of joint replacement surgeries performed with robotic surgical equipment.

Staff had implemented a process for a 'pause' changing the colour of the paper theatre lists were printed on from green, to amber then red every time theatre lists were changed. This prompted staff to be more aware of the potential risk and impact on staff and patients when multiple changes were made.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which lead to improvements and innovation. There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.

Medical care (Including older people's care)

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Medical care (Including older people's care) safe?

Good 

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

In this report medical care covers the endoscopy suite and cardiac catheter laboratory only. For mandatory training, safeguarding, staffing, incidents and records please see Surgery.

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 most equipment and the premises visibly clean.

We found excessive dust on a shelving unit in the cardiac catheter laboratory, despite this having an 'I am clean' sticker attached. There was also what appeared to be long-standing dust behind the bank of screens in the control room. This specialist area for staff had been overlooked by the team and did not appear on the general schedule for cleaning.

We saw the decontamination of endoscope machines and annual water samples taken were reported quarterly through infection prevention/antimicrobial stewardship committee.

The service completed quarterly endoscopy infection control audits. Compliance in the January 2022 audit was 99%.

Staff managed waste appropriately and we saw sharps boxes in endoscopy were dated and signed.

Assessing and responding to patient risk

Staff used a nationally recognised tool (the national early warning score – NEWS2) to identify deteriorating patients and escalated them appropriately.

The service completed quarterly WHO checklist audits in endoscopy. Compliance in the January 2022 audit was 100%.

Environment and equipment

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

Medical care (Including older people's care)

We saw stock in the cardiac catheter laboratory was regularly audited. However, we identified some blood bottles in the cardiology recovery area which were out of date. We fed this back to the management team during the inspection, and they took immediate steps to remove the out of date blood bottles.

Medicines

The cardiac catheter laboratory and endoscopy recovery had quarterly audits of medicines management. This included checking stock and packaging, patients own medicines stored safely, and disposal of medicines. We noted that in the latest report of March 2022, all actions were rated 'green', with the exception of the disposal of controlled drugs. This was rated amber, and had an action to improve.

Are Medical care (Including older people's care) effective?

Good 

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

In this report medical care covers the endoscopy suite and cardiac catheter laboratory only. For nutrition and hydration, pain relief, multidisciplinary working, seven-day services and consent please see Surgery.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

We saw local procedures (standard operating procedures and guidance) were reviewed quarterly and shared with staff. The latest report included guidance on the use of personal protective equipment (PPE) in the cardiac interventional suite, and a template for prescribing contrast media when undertaking ultrasounds.

The hospital was not as yet accredited for endoscopy procedures against the national standard. This had been delayed due to the pandemic and the need for a number of areas to be addressed. The service was working in line with Joint Advisory Group on Gastrointestinal Endoscopy (JAG) standards but as they did not have an endoscopy lead nurse, they were unable to progress with the accreditation.

Patient outcomes

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

The hospital collected patient outcome data for the national cardiac audit programme between 2017 and 2020. The national audit of percutaneous coronary interventions showed the data completeness provided for the risk adjusted outcomes to be adequate.

Local data upload was postponed in 2021 and was being reviewed by Nuffield Expert Advisory Group and data protection team. The hospital planned to recommence in July 2022.

Medical care (Including older people's care)

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.

Most staff in the endoscopy service, including the lead consultant, trained nurses and healthcare assistants involved in providing endoscopy services had completed and had their endoscopy competencies signed off. However, the hospital had identified it needed to follow the accredited core competencies for the lead nurse.

Are Medical care (Including older people's care) caring?

Insufficient evidence to rate 

We cannot rate Caring as due to low activity we were unable to speak to patients in endoscopy and the cardiac catheter laboratory.

Are Medical care (Including older people's care) responsive?

Good 

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

In this report medical care covers the endoscopy suite and cardiac catheter laboratory only. See Surgery for service delivery, meeting people's individual needs and learning from complaints and concerns.

Access and Flow

Please also refer to the surgery report

There was a limited endoscopy service in the hospital and waiting times were therefore generally quick. The service was responsive to patients in the admission criteria with average waiting times of 44 days. However, it should be noted that some patients chose to delay their appointment, which made the average wait longer.

The cardiac catheter laboratory only undertook planned, non-emergency procedures. A named hospital consultant cardiologist, following accepting a patient, listed them for the appropriate procedure. The consultant or secretary then sent a booking request to the hospital booking team. The wait for procedures was short and led by the assessment of the consultant cardiologist in terms of urgency. The average waiting time for these procedures was seven days.

Are Medical care (Including older people's care) well-led?

Good 

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

Medical care (Including older people's care)

In this report medical care covers the endoscopy suite and cardiac catheter laboratory only. For vision and strategy, culture, information management, engagement, learning and continuous improvement please see Surgery.

Leadership

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

Endoscopy and cardiology services were managed by the cardiology manager.

An acuity lead had responsibility for cardiology services.

At the time of inspection there was no endoscopy lead nurse in post and the service had been unable to recruit into this role. Due to the lack of endoscopy lead in post the service was unable to progress with JAG accreditation.

Governance

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

The hospital held quarterly audit meetings regarding the cardiac catheter laboratory and endoscopy area and produced quarterly action plans. We saw each action was regularly reviewed and had a lead person allocated. Otherwise, the medical care services were part of the governance processes for the hospital and were discussed with all services at the various review meetings. This included the Medical Advisory Meetings. The service had quarterly quality and safety committee meetings. We reviewed the minutes of the last three quality and safety committee meetings and found these meetings were well-attended. The standard agenda included discussion of policy updates, quarterly updates from sub-committees, regulatory compliance, internal quality assurance review, evidence-based guidance and risk register review. A regional care quality partner was available to support the clinical director of services. The medical care services were fully considered in this governance review.

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.

The hospital had a risk register which included risks for the endoscopy and cardiac catheter laboratory. The vacancy for an endoscopy lead nurse was noted on the risk register. While the service role was out to advert, at the time of inspection there had been no interest in the role. The risk was mitigated by senior scrub nurses working in endoscopy who had done endoscopy competencies. The activity levels for endoscopy were low with one list of patients a week. Staff could access the central Nuffield endoscopy lead for advice if needed.