Ramsay Health Care UK Operations Limited

Tees Valley Hospital

Inspection report

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Date of inspection visit: 18 January 2022 to 19 January 2022
Date of publication: 28/03/2022

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

- The patient environments were safe, clean and well maintained.
- The service followed good practice with respect to safeguarding.
- The service always had enough staff. Managers ensured that these staff received training, and appraisal. The staff worked well together as a multidisciplinary team
- Care plans were individualised and included discharge plans.
- Staff planned patient discharge well and liaised with services that would provide aftercare. Patients lengths of stay were short.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- The service was well led, and the governance processes ensured that procedures ran smoothly.

However:

- Some potentially hazardous areas on the ward were not always secure. For example, the domestic store room and dirty utility room were unlocked, which allowed potential unauthorised access.
- Staff did not always manage medicines in accordance with local policy. For example, patient unique identification numbers were not always recorded in the controlled drug register on the ward. In the outpatient department, medicines that had reached expiry date were not always removed promptly.
- Staff we spoke with told us they did not attend clinical supervision, nor was it offered by managers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	• 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. 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. However

Summary of findings

- Medicines that had reached expiry date were not always removed promptly.

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

Surgery

Good

- 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 mostly 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 ensured patients had access to good information. Most 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 most 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.

However:

- The domestic store room and dirty utility room on the ward were unlocked, which meant there was a potential risk of unauthorised access.
- Staff did not always record patient unique identification numbers in the ward controlled drug register.
- Staff we spoke with told us they did not attend clinical supervision, nor was it offered by managers.

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

Diagnostic imaging

Good

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 to suit patients' needs and 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.

Summary of findings

- 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.

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

Summary of findings

Contents

Summary of this inspection

Background to Tees Valley Hospital

Tees Valley hospital is an independent hospital owned by Ramsay healthcare. It is registered to provide the following regulated activities:

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

The hospital has a manager registered with CQC.

The hospital provided a range of elective surgery treatments for NHS and other funded (insured and self-pay) adults, with a range of specialities including general surgery, dermatology, gastro-intestinal endoscopy, gynaecology, oral surgery, podiatric surgery, urology, elective orthopaedics, and cosmetic surgery.

The surgery service had an in-patient ward, (Mary Jacques ward) with 19 inpatient beds, across seven single and six double rooms. There was also a dedicated pre-assessment clinic with two rooms.

There was an ambulatory day care unit, with 12 'pods'; each had a reclining chair. There were three operating theatres and a dedicated endoscopy suite.

The diagnostic imaging department provided direct digital X-Ray, ultrasound and interventional procedures. The consultant radiologists could perform general, gynaecological and musculoskeletal ultrasound scans. The musculoskeletal radiologists could offer a variety of guided injections and treatments.

Outside of the department there were MRI and CT scan facilities operated by a different registered provider. Therefore these were not included in our inspection.

There was a dedicated out patient's department.

Our inspection was unannounced (staff did not know we were coming). This was the first time we had inspected this service.

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.

How we carried out this inspection

During the inspection visit, the inspection team:

- inspected and rated all five key questions
- visited the ward, operating theatres, post anaesthetic care unit (recovery area), endoscopy unit, pre-assessment clinic, ambulatory day care unit, out patients and diagnositic imaging department
- looked at the quality of the environment and observed how staff were caring for patients

Summary of this inspection

- spoke with the registered manager and senior management team for the service
- spoke with 45 other members of staff including all grades of medical, allied health professionals, nursing and administrative personnel
- spoke with 17 patients who were using the service
- reviewed 30 health care records
- attended one multidisciplinary safety meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

After our inspection, we reviewed performance information about the service and information provided to us by the hospital.

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

Areas for improvement

Action 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.

Action the service SHOULD take to improve:

Surgery service

- The service should ensure appropriate action is taken to mitigate risks of unauthorised access to the domestic store rooms and dirty utility rooms on the ward.
- The service should ensure staff consistently record patient unique identification numbers in the ward controlled drug register and continue to monitor compliance, through periodic audit.
- The service should ensure that all staff are aware of clinical supervision and that it is offered to them.

Outpatients

- The service should ensure that all out of date medications are disposed of in a timely manner.

Our findings

Overview of ratings

Our ratings for this location are:

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

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.

See also under 'Surgery'.

Nursing and medical staff received and kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were provided with a training programme specific to their job role, that ensured they received the required levels of training applicable to their role. Staff also undertook additional training on topics such as dementia, learning disabilities and autism.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were provided with allocated protected time to ensure they completed all required training. Managers received regular compliance reports outlining compliance with mandatory training and prompted staff to complete any outstanding modules.

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.

Nursing and medical staff received training specific for their role on how to recognise and report abuse. We saw relevant contact details for internal leads and external safeguarding teams were displayed throughout the department.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of what they would look for when patients attended their appointment that may indicate they were at risk.

Good

Outpatients

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew who the designated safeguarding lead for the service was and felt comfortable seeking additional support and advice when necessary.

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 clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Throughout the department, PPE stations had been placed to ensure staff could access this easily. The service undertook regular audits of hand hygiene and PPE compliance. We reviewed the rates for January 2022 which showed 98% compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed throughout the department the use of cleaning stickers that outlined when areas had been cleaned.

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. Patients had access to enough socially distanced seating within the main reception areas. Clinic rooms were spacious and allowed for social distancing. At the time of the inspection, one pre-assessment room was not in use as this space did not allow for adequate social distancing.

Staff carried out daily safety checks of specialist equipment. The department had access to an emergency equipment trolley, which we observed daily checks being undertaken. We saw that electrical safety testing was not in date for computers and other IT equipment within the department. We raised this with the provider who outlined that due to COVID-19 related sickness, the visit to undertake electrical safety testing had been cancelled. The provider confirmed that a new date had been scheduled and the appropriate risk assessments had been completed in relation to this. This issue had been raised with the on-site maintenance who could be contacted with any concerns prior to testing being completed.

The service had enough suitable equipment to help them to safely care for patients. The service had a standard operating procedure in place for the decontamination of reusable medical equipment, which was managed by the surgical department.

Staff disposed of clinical waste safely.

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. Staff were able to describe the steps they would take if a patient started to become unwell.

Good

Outpatients

Staff completed risk assessments for each patient on admission, using a recognised tool. The department utilised a risk assessment process to ensure the patients met the admission criteria to be seen within the service.

Staff knew about and dealt with any specific risk issues. Within all patient records we reviewed, we observed the usage of World Health Organisation checklists. Where appropriate, patients had been assessed for specific risk areas such as falls and pressure area vulnerability. The service also utilised tools to identify and respond to sepsis. We observed that staff took time to discuss any identified areas of risk with patients as part of their appointment.

Shift changes and handovers included all necessary key information to keep patients safe. We observed the morning safety huddle, in which key risks and planned activity for the department and the hospital as a whole were discussed. We reviewed the handover file, in which key information relevant to each shift was recorded for staff to review.

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. During the inspection, the department was running several clinics for outpatients. Staff had been allocated to support the different clinics running that day.

National guidance does not stipulate minimum or maximum numbers of staff or skill mix for outpatient services. However, managers calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift to ensure patients were seen in a timely way. Leaders outlined the different skills and competencies they took into consideration when planning for shifts.

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

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates and low turnover rates.

The service had reducing sickness rates. At the time of the inspection, the service had been recovering from an increase in staff absences due to COVID-19. The service had low rates of bank nurses and did not use agency staff.

Managers limited their use of bank and requested staff familiar with the service. When absences had increased due to COVID-19, the service had utilised a small number of bank staff familiar with the department to cover sickness related absences.

Records

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

The hospital had a patient records policy, referenced to general data protection regulations (GDPR) and data protection act 2018.

Good

Outpatients

Patient notes were comprehensive and all staff could access them easily. Records were predominantly electronic. The exception was medicine prescription charts and a few historic paper records of current patients. The electronic system was introduced November 2021 and staff we spoke with told us they had received training.

We reviewed ten sets of patient records that were all complete. They were detailed and contained appropriate nursing risk assessments and individualised care plans. Where appropriate, patients had been risk assessed for falls and pressure area care damage. Records contained a nationally approved sepsis-6 screening pathway, completed where applicable.

Records were stored securely. Staff were each provided with a secure set of log in details to access electronic records. We observed that the service had a secure medical records room for any paper records that required storage prior to transfer for archiving.

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. Medicines management audits were completed for all departments and we noted high compliance scores.

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

Staff completed patient's medicines prescription records accurately and kept them up to date. We looked at ten prescription records and all were completed legibly and correctly.

Staff did not always store and manage all medicines safely. For example, we found an out of date anaphylaxis kit stored within the medicines cupboard. The kit had clearly been marked as not intended for use and was being stored separately until suitable pharmacy arrangements could be put in place to ensure their safe disposal. Staff had taken actions to ensure that a new kit had been obtained and was immediately available for use. We raised this with staff at the time of our inspection. We observed a small number of gaps within historic daily fridge temperature records. There was no recorded rationale as to why these gaps were present. Checks that had been undertaken at the time of the inspection for the previous two months had been completed in full.

Staff learned from safety alerts and incidents to improve practice. The department utilised sign sheets when safety alerts were received, to ensure staff remained aware of any changes to current guidance.

Incidents

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

The service implemented policies in relation to the management and investigation of incidents within the service. Policies outlined the roles and responsibilities of staff members and processes for escalation.

Good

Outpatients

Staff knew what incidents to report and how to report them. The service utilised an electronic incident reporting system. We reviewed five incidents that had been reported by staff during the past 12 months. Four of these incidents were in relation to staff testing positive for COVID-19. Incident reports had been completed in full, and where required copies of root cause analysis investigations had been stored within the incident record.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff reported serious incidents clearly and in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We observed throughout the department information displayed highlighting Duty of Candour. Staff were able to outline how they would be open and transparent with patients and provide a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff received regular emails that included a lessons learned bulletin.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. The service had made changes to their process for patients being accompanied to their outpatient appointments during the COVID-19 pandemic in response to feedback given about the service.

Managers investigated incidents thoroughly.

Managers debriefed and supported staff after any serious incident.

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. Each specialism was led by consultants who were specialists in their own area.Leaders we spoke with explained that consultants would flag, at clinical governance meetings, any changes to national guidance that may be required.

Compliance against policy was monitored throughout the year using an annual corporate schedule of clinical audits. These were completed on an electronic platform. Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and COVID-19 guidance.

Pain relief

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

Good

Outpatients

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. In all records reviewed, we saw evidence of NEWS scoring.

Patients we spoke with told us their pain was managed well and they received pain relief soon after requesting it. We observed discussions between patients and consultants within clinics regarding experiences of pain and pain management.

Patient outcomes

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

See also under 'Surgery'.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were assigned a comprehensive package of both mandatory training and competencies that were tailored to their specific roles. Progress against this was monitored as part of their regular appraisals and professional development reviews.

Managers gave all new staff a full induction tailored to their role before they started work. New staff were provided with a full induction pack to be completed. All new staff are assigned a buddy to work alongside during their first shifts within the department. Staff were required to be signed off as competent prior to working without buddy supervision.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff spoken with during the inspection stated that they had received regular appraisals. In addition, all consultants had an annual whole practice appraisal and were required to provide evidence of medical indemnity insurance, a nominated covering consultant, a disclosure and barring service (DBS) check, and occupational health status regarding immunisations. Consultants we spoke with confirmed their appraisal process was very thorough.

The department leaders and clinicians 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 outlined how they encouraged staff off all grades to attend the morning handover, where key information was disseminated to the teams across the site.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Senior leaders and staff told us that they were able to access additional training and opportunities to develop their skills. Staff told us that through training opportunities, they had become competent and confident to work across a number of different speciality clinics ran in the department.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Good

Outpatients

Managers identified poor staff performance promptly and supported staff to improve. Managers we spoke with outlined that an informal process would be used to address any concerns relating to performance, but that the service also had established formal HR processes that could be enacted if required.

Multidisciplinary working

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

We saw specialist consultants, nurses and healthcare staff working together and supporting each other to provide effective care for patients.We observed clinics operating during the time of our inspection. We saw that where appropriate, consultants were able to make referrals to other teams such as physiotherapy and social services if patients required additional support.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. We observed within clinics consultants providing health promotion leaflets to patients where appropriate.

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.

See also under 'Surgery'

Staff clearly recorded consent in the patients' records. Within all ten records reviewed, we observed that consent had been obtained and documented.

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. We spoke with six patients visiting the department during the inspection. Patients told us that they felt staff took as much time as required to assist them during their appointments, and that patients did not feel rushed when attending the service.

Good

Outpatients

Patients said staff treated them well and with kindness. All patients spoken with praised the staff within the department for their welcoming and kind attitudes, and that staff went out of their way to ensure patients felt comfortable during their visit. The hospital gathered patient feedback through the friends and family test (FFT) and consistently received high satisfaction scores.

Staff followed policy to keep patient care and treatment confidential. We spoke with a member of the reception staff responsible for checking patients into the department, who outlined their responsibilities in relation to GPDR.

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.

Visiting restrictions were in place due to COVID-19, however where required the service undertook a risk assessment for carers and relatives to attend appointments with patients when required.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of where carers and relatives had attended clinics to receive advice and support in undertaking dressing changes for patients they had been assisting.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff gave examples of where they had formed good relationships with patients at pre-assessment clinics who had been experiencing anxiety, that they often attend the surgery department with patients to help eliminate any pre-surgery concerns or anxieties.

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.

There were restrictions in place for relatives accompanying patients to pre-assessment clinic, due to COVID-19. However, staff we spoke with explained patients may be accompanied by a named carer following risk assessment. This provided patients and those close to them the opportunity to learn about the treatment they were going to receive and allowed the opportunity to ask questions.

Staff made sure patients and those close to them understood their care and treatment. We spoke with one family member of a patient who attended the service during the inspection, who explained that the service had ensured they were kept informed of their loved one's care and treatment and had all of their questions responded to.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The department had access to and utilised translation services for patients where English may not be their first language.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed throughout the department that QR codes were displayed to allow patients to provide feedback electronically. Feedback comment cards were also provided to patients when presenting to the main reception desk.

Good

Outpatients

Staff supported patients to make informed decisions about their care. Patients told us that they had been provided with comprehensive information packs outlining their care and treatment. Staff told us that they were able to extend appointments for patients to ensure they had enough time to discuss any concerns or questions they may have.

Patients gave positive feedback about the service. The service collected feedback through the friends and family test, and results were positive.

Are Outpatients 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.

See also under 'Surgery'.

Managers planned and organised services so they met the changing needs of the local population. Leaders discussed that the speciality clinics provided within the department were reviewed on a regular basis, and that new specialities could be brought online in consultation with the hospital director to respond to any emerging needs.

Facilities and premises were appropriate for the services being delivered.

Managers ensured that patients who did not attend appointments were contacted. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers. Where patients had not attended their appointments, we observed during the inspection staff telephoning patients to ensure these could be re-scheduled for a new date.

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.

The department was designed to meet the needs of patients living with dementia. The depatment was accessible for patients with limited mobility and people who used a wheelchair. Toilet facilities were available throughout the hospital for patients, carers and relatives including those living with a disability.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. As part of patient appointments, staff used this opportunity to identify any individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by prior arrangement, for patients where English was not their first language. The hospital website also had a button to enable translation of the webpages into a variety of languages.

The service had information leaflets available in languages spoken by the patients and local community. The service had removed leaflets from the communal waiting area to ensure compliance with IPC arrangements during COVID-19. These leaflets were discussed and provided to patients through discussions with consultants as part of their appointment. Where required, these could be re-printed in a different language or larger fonts.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. We saw during our inspection that the service had undertaken risk assessment, so that interpreters patients had chosen to bring with them to their appointments could attend.

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.

See also under 'Surgery'.

Managers worked to keep the number of cancelled appointments to a minimum. The department operated a COVID-19 clinic to ensure that patients had been screened appropriately to ensure if isolation was required, this was completed prior to their appointments and/or procedures.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Leaders within the service outlined that numbers of cancelled appointments were monitored, but that no notable themes or trends had been identified. The largest contributing factor to appointment cancellations that had been identified was patients who had decided not to proceed with their treatment.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. All patients spoken with during the inspection had been provided with information as to how to raise concern and felt comfortable and able to do so if required.

The service clearly displayed information about how to raise a concern in patient areas. We saw displayed within the main reception areas information outlining how patients could raise a concern regarding the service. This information was also displayed on the provider's website.

Staff understood the policy on complaints and knew how to handle them. The hospital had a complaints policy, which staff accessed on the intranet.

Managers investigated complaints and identified themes. Learning was shared across the hospital in the daily morning huddle, monthly head of departments meeting, clinical governance meetings, quarterly medical advisory committee and quarterly departmental team meetings

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

Good

Outpatients

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. Staff told us that during the COVID-19 pandemic, the service had implemented restrictions on visitors within the service. As a result of patient feedback, the service had implemented a risk assessment process to ensure that carers and family members providing support were able to attend appointments with patients when required.

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.

See also under 'Surgery'.

We saw during the inspection that leaders within the department were visible and approachable by all staff and patients. Members of the senior leadership team were also observed attending the department, staff told us that this was a regular occurrence and felt that senior leaders supported the department. Leaders within the department told us that the governance structure worked effectively and provided them with the required support. The appointment of a sister within the department had further strengthened leadership capacity within the department.

Leaders used various meetings to understand and manage the priorities and issues faced by the service. Heads of departments from across the hospital met on a monthly basis to discuss issues faced within each service, as well as to discuss how any issues could be resolved by a collaborative approach. Leaders from within the outpatient department demonstrated a good understanding of the issues their service faced, as well as the areas of concern within other departments. Leaders articulated how they had focused on improving the effectiveness of the pre-assessment clinics to ensure any potential issues that may arise within other departments were picked up as soon as possible in the patient's journey.

Leaders provided guidance and direction to staff when required and empowered staff in their roles to make decisions where appropriate. Leaders within the department worked in collaboration with staff, leading by example in asking for support from colleagues.

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.

See also under 'Surgery'.

Leaders within the department articulated a clear vision for the development of the service. This had been considered with the wider activity delivered within the hospital – and how the outpatient department could be developed to enable other areas to become more effective. Leaders spoke in depth around plans to increase the number of pre-assessment

clinics, and how this interlinked with the additional training and development of staff within the department. Staff had been upskilled to work across a number of different specialities and assist with pre-assessment clinics. By increasing the number of pre-assessment clinics, leaders outlined how this would maximise theatre times and enable the service to respond to cancellations in a more effective manner. Leaders had identified areas within the departments for the proposed clinics to be held and were in discussions regarding estates as to the feasibility of the required works.

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.

See also under 'Surgery'.

All staff we spoke with described the service has having an open and supportive culture. Staff explained how they felt that the service had invested in them by ensuring access to opportunities for career development, and that leaders had encouraged staff when seeking promotion. The service had a policy in place that outlined how staff could raise concerns, and all staff we spoke with were aware of this and felt able to speak up without fear of consequence. Staff of all grades worked collaboratively to ensure patients received the highest standards of care, and all staff felt that they had an important role to play in the running of the service. Managers actively worked to ensure that there was no hierarchy within the unit, and that all staff felt valued in their work.

Leaders within the department described work that had been undertaken to expand the skills and competencies of more junior staff. Leaders described a number of additional training sessions that had been delivered to staff in areas such as blood taking. Staff were empowered by leaders to undertake additional training and work across a number of different specialisms. Staff told us that they felt supported by senior leaders to develop, and that they were provided with opportunities to be involved in the running of the department.

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.

See under 'Surgery'.

Management of risk, issues and performance

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

See also under 'Surgery'.

Each department within the hospital had its own dedicated risk register that is maintained by the heads of each department. Leaders within outpatients were able to articulate key areas of risk that may impact the service, with the main area of risk being COVID-19. Leaders were also aware of the items on the risk register for other departments. There was a clear process for the escalation of areas of risk through to the senior leadership team within the service. Risks were discussed regularly at the heads of department meeting and escalated for further discussion and review at the

clinical governance meeting. The service had a risk management policy in place, which was reviewed on a regular cycle and in date at the time of inspection.

The service had plans to ensure business continuity, and relevant protocols and folders were placed throughout the service for staff to access if required. These were also available electronically.

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.

See under 'Surgery'

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.

See under 'Surgery'.

Learning, continuous improvement and innovation

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

See under 'Surgery'.

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 all staff and made sure everyone completed it.

Staff received and kept up to date with mandatory training. Training records we reviewed showed compliance was 94.1% against a corporate annual target of 85% across the hospital. In surgery, (wards and theatre) compliance was 94.4%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff accessed it on line, with some face to face practical skills sessions. They completed training on recognising and responding to patients living with dementia.

Staff we spoke with were all able to identify signs and symptoms of sepsis and the actions they would take.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Resident medical officers (RMOs) were employed through a national agency and completed mandatory training with their agency. The hospital received confirmation of the training and kept a record of attendance.

The RMO we spoke with had received advanced life support and European paediatric advanced life support training.

Medical staff received and kept up to date with their mandatory training. Managers we spoke with explained consultant staff attended mandatory training at their employing NHS trust, and this was monitored through the appraisal process and at review of practising privileges.

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.

The hospital had safeguarding and chaperone policies in place, which contained references to appropriate legislation and best practice guidance.

Staff received training specific for their role on how to recognise and report abuse. Compliance for children and adult safeguarding training across the hospital, was 93.88% and 93.15% respectively, against a corporate target of 85%.

The 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 we spoke with knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The service had a named safeguarding and PREVENT lead and all staff we spoke with knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

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

Staff accessed hospital infection prevention and control policies on the intranet.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. For example, upholstered couches and patient seating were impermeable and could be wiped clean. We saw disposable curtains labelled with the date they were last changed.

Most cleaning records we saw were up to date and demonstrated areas were cleaned regularly. The exception was records for patient toilets. These were not dated and times were wiped off daily. This meant there were no records to evidence previous cleaning. We brought this to the attention of a manager at the time. They told us they would ask the domestic supervisor to action and ensure permanent records were kept.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with arms 'bare arms below the elbows' policy, in accordance with national institute for health and care excellence (NICE) guidance. We observed staff washed their hands and used hand sanitising gel between patient interactions. This was also confirmed by patients we spoke with.

We observed public areas had posters and were clearly marked to promote COVID-19 awareness, hand hygiene and social distancing.

Three operating theatres had laminar airflow. Laminar airflow is used to separate volumes of air or prevent airborne contaminants from entering an area. Sterile services equipment, such as surgical instruments, was decontaminated at another Ramsay hospital. Endoscopy equipment was decontaminated on site.

Monthly Infection control and hand hygiene audits we reviewed showed consistently high compliance rates.

Staff worked effectively to prevent, identify and treat surgical site infections. For example, surgical patients were screened for healthcare acquired infections and risk assessments were incorporated into the patient's health record.

Good

Surgery

The hospital had an infection prevention and control (IPC) link nurse, who delivered training, submitted surveillance data and conducted IPC and monthly hand hygiene audits.

The hospital had a very low rate of hospital acquired infections. It participated in mandatory reporting of all alert organisms including methicillin sensitive staphylococcus aureus (MRSA), methicillin resistant staphylococcus aureus (MSSA), bacteraemia and clostridium difficile infections. The hospital participated in mandatory surveillance of surgical site infections for elective joint surgery and these were monitored.

Although not compulsory, the hospital implemented the IPC NHS board assurance framework to ensure compliance with legislation and guidance relating to COVID-19.

Environment and equipment

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

The hospital was purpose built and opened in February 2018. The design of the environment followed national guidance. We saw documented environmental and COVID-19 risk assessments.

All fire extinguisher appliances inspected had been serviced within an appropriate timescale. Exits and corridors were clear of obstructions. The latest fire drill was completed in October 2021.

The pre-assessment clinic was located on the first floor. Lay out of the rooms and equipment was consistent.

The ambulatory day care unit, had 12 'pods', each with a reclining chair. These were used for local anaesthesia, light sedation and general anaesthesia cases. There were separate male and female areas, with male and female toilets and showering facilities if required, on the ward.

The fabric of surgical areas was mostly in good order. The exception was theatre two automatic doors from the corridor to anaesthetic room, which did not close properly. We brought this to the attention of staff, who explained the fault was reported for repair and the doors could be opened and closed manually.

Staff carried out daily safety checks of most specialist equipment. For example, emergency resuscitation equipment trolleys were sealed with numbered, tamperproof tags. These were checked daily and the contents checked weekly in accordance with local policy.

The exception was daily anaestheric machine checks. Although we observed breathing tubes were labelled with serial number and date, this was not recorded in the machine log book, to evidence daily changes. We brought this to the attention of a manager at the time. They immediately recorded the serial number and date for the equipment in use that day and asked their staff to ensure they recorded the details in the log book thereafter.

The service had enough suitable equipment to help them to safely care for patients. There were systems for recording the service and maintenance of equipment identified through a central log and equipment compliance stickers, which indicated the dates tests were due.

We inspected several pieces of equipment, which included defibrillators, suction machines, monitoring equipment, anaesthetic machines and intravenous pumps. All were clean, serviced and maintained appropriately. The patient hoist on the ward was serviced in accordance with the lifting operations and lifting equipment regulations 1998 (LOLER) and patient weigh scales we inspected were labelled as calibrated.

Staff disposed of clinical waste safely.

All doors to clinical rooms had key pad locks but we observed the dirty utility room door on the ward and the domestic's store room were not locked, which meant there was a risk of unauthorised access. We brought this to the attention of a manager at the time. The provider told us they would take appropriate action to mitigate risks of unauthorised access.

Patients could reach call bells and patients we spoke with told us staff responded quickly when called.

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 called the national early warning score (NEWS2) to identify deteriorating patients and escalated them appropriately. The hospital was part of the north of England critical care network and had a service level agreement with the local NHS trust for emergency transfer of patients.

The hospital had a resuscitation policy. The RMO was advanced life support (ALS) and European paediatric life support (EPLS) trained. The RMO and staff we spoke with told us they participated in periodic emergency resuscitation scenarios, including major haemorrhage, to test skills.

Pre-assessment was by telephone, face to face and/or a pre-admission medical questionnaire. Discharge planning was considered at this stage; especially requirements for home care packages or periods of convalescence.

Staff completed risk assessments for each patient on admission / arrival, and in consideration of the hospital's admissions policy, using a recognised tool. They reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. There was a recognition and management of the deteriorating patient policy, which included sepsis. Staff we spoke with were clear about signs and symptoms of deteriorating patients, and gave examples of when and how they would escalate a concern.

Consultants had 24-hour access to mental health liaison and specialist mental health support via direct referral, if concerned about a patient's mental health.

Most shift changes and verbal handovers occurred on the ward at 7.30am and 7.30pm. Shift changes and handovers included all necessary key information to keep patients safe.

We observed a daily, 9am multidisciplinary safety huddle, with representation from all departments. Themes discussed included clinical workload, staffing and operational risks.

The hospital conducted observational and documentation audits of compliance with world health organisation (WHO) safer surgery checks. We reviewed audit data which showed high compliance with completion of documentation and observed practice. This concurred with WHO safer surgery checks we observed during our inspection.

Good

Surgery

Ambulatory day care patients assessed unfit for discharge after 8.30pm, were accommodated on the ward overnight. Discharges were nurse-led and patients were given contact details for the ward should they have any concerns.

Nurse and allied health professional 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. Patients we spoke with told us staff were available at all times.

The ward manager could adjust staffing levels daily according to the needs of patients and used a safer staffing tool, when calculating staffing levels. The hospital offered pre-booked elective services to patients which allowed for effective planning of staffing, to meet clinical needs.

The service had low and reducing vacancy rates; the hospital's staff vacancy rate as at December 2021 was 4% of budgeted establishment.

The service had a higher than expected sickness rate. In the rolling 12 month period to December 2021, the rate was 6.3% against a target of 3.5%. However, the rate included all COVID-19 related absence, which was the main cause of elevated sickness rate in this reporting year.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank, agency and new staff had a full induction and understood the service. We saw an example of an induction workbook and associated policy which described the induction process. New staff were allocated a 'buddy'. to work with.

Medical staffing

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

The service had enough medical staff to keep patients safe.

There were two locum RMOs who worked alternate weeks, with handover on Thursdays. The RMO was on site 24 hours a day. The RMO we spoke with confirmed they had adequate rest and sleep and felt supported by the consultants and nursing staff.

Managers could access locums when they needed additional medical staff. For example, if the RMO became unwell.

Managers made sure locums had a full induction to the service before they started work.

The surgery service was consultant- led. All patients were admitted under a named, validated consultant with practising provileges. The term 'practising privileges' means medical practitioners not employed directly by the hospital, but approved to practise there.

Consultants conducted daily ward rounds. This was confirmed by patients we spoke with. Consultants were always contactable by telephone for advice.

There was always appropriate anaesthesiologist cover. Consultant surgeons arranged alternative cover if their usual anaesthetist was not available.

Surgical and anaesthetic consultants remained responsible for their patients throughout their stay in hospital and were required to be available within 30 minutes or to arrange cross cover with another consultant if they were unable to provide the required level of availability. For example, during annual leave.

If a radiologist was required, this was initiated by a consultant surgeon or on-call radiographer.

Records

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

The hospital had a patient records policy, referenced to general data protection regulations (GDPR) and data protection act 2018.

Patient health care records were comprehensive and staff could access them easily. Records were predominantly electronic. The exception was medicine prescription charts and a few historic paper records of current patients. The electronic system was introduced November 2021 and staff we spoke with told us they received training.

Records were audited monthly and benchmarked against other Ramsay hospitals. Compliance scores varied, however, managers we spoke with said they expected improvements once the new system was properly embedded.

We reviewed ten sets of electronic patient records. They were detailed, with appropriate nursing risk assessments and individualised care plans. For example, in relation to falls risk and pressure area care. Records contained a nationally approved sepsis-6 screening pathway, completed where applicable.

Records were stored securely with individual staff password access. Screens were closed when unattended.

Medicines

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

Staff followed systems and processes when safely prescribing, administering and storing medicines. Medicines management audits were completed for all departments and we noted high compliance scores.

Staff reviewed (reconciled) patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw patients own controlled drugs (CDs) were recorded in a separate register and the balance shown as zero when returned to patients on discharge.

Staff completed patient's medicines prescription records accurately and kept them up-to-date. We looked at ten prescription records and all were completed legibly and correctly.

Staff stored and mostly managed medicines and prescribing documents in line with the provider's policy. The exception was patient unique identification numbers were not always documented in the ward CD register. This was brought to the attention of a manager at the time. They told us they would inform clinical staff to ensure register fields were completed in full and monitor compliance.

Good

Surgery

We saw diligent recording of medicine refrigerator temperatures and ambient room temperatures where medicines were stored.

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

Pharmacy support was provided by a part-time pharmacy technician and pharmacist from another Ramsay hospital. This arrangement was in place because a part-time pharmacist position was vacant.

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 we spoke with knew what incidents to report and how to report them on the electronic incident reporting system. They gave specific examples of learning from incidents and changes in practice, which improved patient safety.

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

Staff reported serious incidents clearly and in line with trust policy.

The service had one never event in theatres which was under investigation at the time of our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Managers shared learning about never events with their staff. For example, staff we spoke with told us a new process for use of specified equipment was introduced and communicated to staff. In addition, immediate actions taken to improve safety were discussed with the patient concerned.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Regulation 20, duty of candour, is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients and other 'relevant persons' of certain 'notifiable safety incidents' and provide reasonable support, truthful information and a written apology. The service recorded a duty of candour log, to monitor compliance with each of the stages of the process.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly; patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. For example, via a bulletin called 'outcomes with learning'.

Staff met at handovers and departmental team meetings to discuss the feedback and look at improvements to patient care. The meeting minutes were shared afterwards with all appropriate staff.

Staff understood the duty of candour.

Good

Surgery

Staff received feedback from investigation of incidents, both internal and external to the service, via a bulletin called 'outcomes with learning'.

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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Compliance against policy was monitored throughout the year using an annual corporate audit schedule. Audits were completed on a 'real time' electronic platform. We saw areas that required improvement were clearly identified and the system allowed the addition of action plans which were shared with the managers and corporately.

Staff we spoke with explained how they accessed the most current best practice guidance on line and intranet, for example NICE guidance and up to date COVID-19 guidance.

All care records we inspected, showed patients had been prescribed prophylaxis (treatment given, or action taken to prevent blood clots) for venous thrombo embolism (VTE) where this was indicated.

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. For example, diabetic, gluten free and texture modified menus. Patients we spoke with told us there was sufficient choice. Meal times were specified but flexible according to patient needs.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Patients waiting to have surgery were not left nil by mouth for long periods. For example, diabetic patients were put first on the operating lists. Staff we spoke with confirmed they followed national guidance which stated patients should receive clear fluids up to two hours and food up to six hours prior to surgery. Patients were informed of fasting requirements verbally and in writing at pre-assessment.

Post- operative patients and those experiencing nausea and vomiting were routinely prescribed antiemetic (anti-sickness) medicine.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. For example, on the ward, and in theatre recovery, we saw pain scores were monitored as part of the NEWS2 records, using a zero to three assessment.

Patients we spoke with told us their pain was managed well and they received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately. There was no dedicated pain team. However, staff and the RMO we spoke with told us they escalated to an anaesthetist if a patient's pain was not well managed.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were mostly positive, consistent and met expectations, such as national standards. For example, the most recent published PROMS data we reviewed for the period April 2020 to March 2021, showed patients had a slightly lower than average pre and post- operative score for private procedures than the NHS average. However, the service was not an outlier. There was insufficient data for NHS procedures. Managers we spoke with explained they have focused on increasing patient participation to increase the data and enable an improvement score which they could work to improve against.

Information was also 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, mortalities, 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 was not an outlier.

Managers and staff carried out a comprehensive programme of repeated local audits to check improvement over time.

Managers shared and made sure staff understood information from the audits. For example, audit results were discussed at ward meetings and minuted. However, audit results were not displayed in public areas.

The service was accredited by the joint advisory group on gastrointestinal endoscopy (JAG).

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

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 staff to develop through yearly, constructive appraisals of their work. We saw the current compliance rate was 77%.

All consultants had an annual whole practice appraisal and were required to provide evidence of medical indemnity insurance, a nominated covering consultant, a disclosure and barring service (DBS) check, occupational health status and relevant specialist training. Consultants we spoke with confirmed their appraisal process was very thorough.

Good

Surgery

The RMO received ongoing training from their agency which provided continuing professional education sessions throughout the year and an appraisal every three months.

There was a policy describing arrangements for clinical supervision. This stated supervision should be offered, but take up was voluntary and led by the supervisee. However, managers did not always support nursing staff to develop through regular, constructive clinical supervision of their work. Staff we spoke with told us they had not been offered or attended any formal clinical supervision sessions.

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 gave them the time and opportunity to develop their skills and knowledge.For example, several staff we spoke with described how they had been supported to progress their career.

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.

Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and allied healthcare professionals supported each other to provide good care. Staff held regular and effective multidisciplinary meetings.

The hospital employed a team of physiotherapists who supported patients pre and post-surgery to improve their surgical outcomes.

Seven-day services

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

Consultants led daily ward rounds on all wards, including weekends.

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

Pharmacy services were provided by service level agreement with another Ramsay hospital. The ward held a small stock of medicines for patients to take home if required out of hours, and these were dispensed and checked by ward staff and RMO.

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, for example, COVID-19 vaccination advice, data protection and hand hygiene leaflets.

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.

Good

Surgery

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. Patients we spoke with confirmed they received useful verbal and written information prior to admission.

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.

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.

Staff clearly recorded consent in the patients' records. Patients we spoke with told us they were provided with sufficient verbal and written information, to enable them to give informed consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. For example, staff we spoke with described the training they received, which was incorporated into level two adults safeguarding modules. They knew how to access policy and get accurate advice on mental capacity act and deprivation of liberty safeguards (DoLS). Staff we spoke with explained patients were individually risk assessed against specified admission criteria and the hospital rarely had patients subject to DoLs orders.

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. For example, we observed staff preserved patient privacy and dignity by ensuring curtains were closed around them and bedroom doors were closed in accordance with their wishes.

Patients said staff treated them well and with kindness. For example, they said ''staff couldn't do enough,'' ''staff are incredible'' and ''nothing is too much trouble''. We also observed feedback from patients was shared with staff at the morning safety huddle.

Staff followed policy to keep patient care and treatment confidential.

We observed prompt responses to call bells.

Emotional support

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

Good

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Visiting restrictions were in place due to COVID-19, and visitors were subject to risk assessment if patients required emotional support of a named relative.

Staff on the ward explained patient relatives could be accommodated in a double room overnight if required. For example, patients living with dementia.

Staff we spoke with explained patient pastoral support needs could be accommodated following risk assessment.

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.

There were restrictions in place for relatives accompanying patients to pre-assessment clinic, due to COVID-19. However, staff we spoke with explained patients may be accompanied by a named carer following risk assessment. This provided patients and those close to them the opportunity to learn about the treatment they were going to receive and ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. For example, The hospital gathered patient feedback through the friends and family test (FFT) and an external, web based satisfaction survey. Satisfaction was consistently high.

Staff involved patients in decisions about their care and treatment. For example, patients we spoke with told us they felt fully informed about their treatment plans and arrangements for discharge.

Patients gave positive feedback about the service. For example, the feedback from the friends and family test was positive. The patient overall satisfaction score for patient experience was 97%. We observed feedback from patients was shared with staff at the morning safety huddle.

Staff we spoke with gave us examples of how they used patient feedback to improve daily practice. For example, they had recently implemented information cards showing information about preoperative fasting and communication needs at patient bedsides.

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 and organised services so they met the changing needs of the local population.

Good

Surgery

The registered manager had worked hard to promote a positive working relationship with other health providers in the area. For example, a range of services were available for NHS patients where commissioners had identified capacity shortfalls or for patients who wished to exercise their rights of flexibility and choice, under the e-referral system (previously known as choose and book).

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach.

Facilities and premises were appropriate for the services being delivered.

The hospital car park provided free parking spaces.

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.

Equality, human rights, workplace diversity was a mandatory e-learning training course for all staff.

Staff supported patients living with dementia and learning disabilities.Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers.

Patients had a consultation and examination in their first visit. A subsequent pre-operative assessment appointment was provided to patients prior to their admission, conducted face to face or by telephone as appropriate. The hospital provided services for NHS, private-insured and self-funded patients. Patients were referred to the surgeon of their choice where possible and seen by the same consultant throughout their treatment ensuring continuity.

Wards and departments were accessible for patients with limited mobility and people who used a wheelchair. Toilet facilities were available throughout the hospital for patients, carers and relatives including those living with a disability.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by prior arrangement, for patients where English was not their first language. The hospital website also had a button to enable translation of the webpages into a variety of languages.

Patients were provided with printed information regarding risks and benefits of surgery and could review this before their procedure. To comply with the accessible information standard, the provider had a contract for this information which was updated annually and could be downloaded to be available in different formats, to ensure patients of all abilities had access to important clinical information. This was referred to in the consent policy.

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

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 the majority of patients were in line with national standards.

Good

Surgery

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

Patients were referred to the hospital by their GP, self-referral or NHS referral. Data was submitted monthly to NHS England and as at the end of December 2021, average percentage of patients treated within 18 weeks of referral was 99.8%. However, two orthopaedic and four urology NHS patients had waited over 52 weeks. These were long-waiting patients referred by the trust as part of the COVID-19 recovery programme.

Managers and staff worked to make sure patients did not stay longer than they needed to. For example, data we reviewed for the period July to December 2021 showed the average length of stay for inpatients was 1.55 days.

Managers worked to keep the number of cancelled operations to a minimum and we saw reasons for cancellations were discussed routinely at governance meetings. We reviewed data for the six month period to January 2022 and noted the majority of cancellations were unavoidable, for example, due to patient choice not to proceed, COVID-19 related issues, or patients had become medically unfit for their procedure.

Managers and staff worked to make sure that they started discharge planning as early as possible, at pre-assessment. Staff we spoke with explained medicines to take home were prescribed and prepared the day before expected discharge.

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, in accordance with the complaints policy.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. For the year to December 2021, the service received four complaints. We reviewed the documentation for three complaints and saw all were managed in accordance with policy. One was upheld and two were not. The responses were thorough and addressed the issues raised by the complainants.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning was shared across the hospital in the daily morning huddle, monthly head of departments meeting, quarterly medical advisory committee and quarterly departmental team meetings.

Good

Surgery

Are Surgery 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.

The hospital met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

The hospital was led by a hospital director with extensive hospitals management experience. They were supported by the head of clinical services, who was also very experienced.

The hospital was supported by the wider regional cluster and corporate management team.

All staff we spoke with considered the leadership team to be visible. For example, they attended departmental meetings, regularly walked round the hospital and spoke with patients and staff. They told us the senior management team promoted autonomy of departmental managers.

The Medical Advisory Committee (MAC) was proactive and engaged with the work across the hospital. The MAC chair met with the hospital director weekly and discussed any emerging risks and issues.

There were regular staff huddles and briefings across departments to ensure that frontline staff received all relevant information and improvement initiatives.

Staff we spoke with told us how management had supported them to take on more senior roles and succession planning.

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.

The hospital had a vision and strategy for what it wanted to achieve and workable plans to turn it into action, which the senior leadership and heads of departments shared with staff .

The strategy had five pillars that underpinned the business model for the next two years, and informed the five year strategic plan.

Staff we spoke to understood the organisational strategy and vision and we saw this displayed in public and staff areas.

Good

Surgery

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans.

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.

All staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. We saw there were suitable rest areas for staff, with fresh fruit and beverages freely available. Staff we spoke with described staff wellbeing groups that were set up to support staff during the pandemic. Staff could also access support from occupational health and an external counselling service if needed; there were posters that signposted staff to contact details.

Staff at all levels were actively encouraged to speak up and raise concerns. Staff we spoke with described an 'open' culture. For example, there was a policy to enable staff to 'speak up for safety' if they had concerns about colleagues professional behaviours. All staff we spoke with were aware of this, had received training and told us they felt empowered to challenge behaviours.

There was a violence at work policy to support staff. Violence and aggression were recorded as incidents and investigated.

Patients we spoke with told us they felt confident and comfortable to raise any concerns with staff.

Governance

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

The service followed Ramsay's standards for good governance.

Governance arrangements were proactively reviewed using a board to ward framework and reflected best practice.

The hospital had a medical advisory committee (MAC) which met quarterly. Meeting minutes we reviewed 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.

At the time of inspection, there were 86 consultants with practising privileges. 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. Consultants with practising privileges for cosmetic surgery and all were on the GMC specialist register.

Good

Surgery

The clinical leadership team met monthly at the senior leadership team and heads of departments committee. 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. We reviewed minutes from March, May and August 2021. These followed the corporate agenda to ensure consistency. Minutes were detailed and cascaded to staff at quarterly departmental team 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 hospital was a members of ISCAS, a nationally recognised organisation in the management of complaints in the independent health sector and followed their code of conduct.

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 management policy.

We saw a comprehensive electronic risk register. Risks were reviewed monthly and escalated appropriately.

Each department manager had an overview of their own risks and reviewed them regularly. These risks fed into the overall hospital and corporate risk register.

The hospital had a major incident and business continuity plan (BCP). We saw a dedicated BCP computer on the ward which was password protected and this ensured staff could still access patient records if the main IT system failed. We saw major incident plans with easy reference flow charts available on the ward.

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.

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.

Important information such as policies and minutes of meetings were held electronically on the hospital intranet and all staff we spoke with could access the system.

Staff viewed health records and diagnostic results electronically. Medicines prescription charts were on paper.

We observed good adherence to the principles of information governance. For example, computer screens were password protected and closed when unattended.

Staff completed mandatory information governance training.

Good

Surgery

The hospital was ISO27001 information security accredited.

The service contributed to national audits and regularly submitted data electronically as required.

Discharge letters and communications to GPs were generated electronically. Copies were sent by post within 24 hours of discharge.

Engagement

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

The service 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 (search for the hospital and leave a review) and a search engine review. Patient feedback was also provided annually from patient representatives of the endoscopy user group. 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 we spoke with told us managers engaged with them, were very supportive and visible. For example, they walked the departments daily and joined departmental huddles. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by their clinical colleagues and hospital managers.

We saw examples of 'you said, we did' following the staff engagement survey. For example, Staff felt communication could be better, so a daily safety huddle was introduced.

Staff used the morning safety huddles to share messages and good practice. Departments also held staff meetings and used a corporate fixed agenda to ensure continuity of items discussed.

Staff received a corporate news letter containing business news, safety messages and 'unsung hero' nominations. For example, the hospital was acknowledged for the work of their mental health first aider, to support staff during the pandemic

The hospital's strategy included a focus on building long term partnerships with stakeholders, which included local NHS hospital trusts and community.

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.

Good

Surgery

The hospital was committed to improving services by learning from when things went well or wrong, promoting training, and innovation. Staff we spoke with said they were supported to attend external training, to develop their career. Results of the last staff survey showed 82% of respondents said managers were supportive of learning and development.

The hospital had an agreement with the local university to take student nurses on clinical placement. Students received a comprehensive induction and were always supernumerary. Named mentors worked closely with students and signed off their competencies when achieved.

The service provided examples of innovative practice to improve service and experience. For example, they developed pathways for patients identified as suitable for day case orthopaedic surgery. Patients were selected based on individualised risk assessment, support in the home following discharge and the patient's motivation to follow the pathway. These patients were followed to evidence patient outcomes. In addition, there was a virtual joint replacement patient education package, patients could access in advance of their surgery. This meant patients had a better understanding of their role in their own recovery.

Ramsay introduced remote consultations across all sites to enable patients to have remote consultations, during the COVID-19 pandemic.

There was a back up system in place that ensured staff could still access patient records if the main IT system failed.

Ramsay were recognised in national healthcare awards 2021 and presented with the 'healthcare outcomes award' for training all staff in 'speak up for safety' which was a national Iniative, which focused on patient safety and improving patient outcomes.

Good

Diagnostic imaging

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

Are Diagnostic imaging 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. Overall compliance for staff in the department was 100%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were provided with training specific to their job role, this meant they received the required training relevant to their role.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. This meant staff had the knowledge and skills required to care for and meet the needs of all patient groups.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service recorded staff training attendance in each member of staff's training file, and these were checked as part of regular training audit checks by the diagnostic imaging manager.

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.

The hospital had safeguarding and chaperone policies in place, which contained references to appropriate legislation and best practice guidance.

Staff received training specific for their role on how to recognise and report abuse. There were relevant internal and external contacts displayed within the department. Staff we spoke with could describe how they would recognise potential abuse and actions they would take. All staff that we spoke to were able to confirm their safeguarding training levels and the name of the safeguarding lead.

Good

Diagnostic imaging

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. When speaking to staff in the department they were clear on who the safeguarding lead was for the service.

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 clean and had suitable furnishings which were clean and well-maintained. The areas were all clean and had minimal furnishings. This meant that the area had plenty of space and was free from clutter for keeping clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw that cleaning records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand Hygiene audits were carried out monthly and the department had a 100% score for the three months data we reviewed.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw staff cleaned equipment routinely after each patient.

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.

Staff carried out daily safety checks of specialist equipment. We saw that electrical safety testing was not up to date for computers and other IT equipment within the department. We raised this with the provider who explained that due to COVID-19 related sickness, the visit to undertake electrical safety testing had been cancelled. The provider confirmed that a new date had been scheduled and the appropriate risk assessments had been completed in relation to this. This issue had been raised with the on-site maintenance who could be contacted with any concerns prior to testing being completed.

We saw regular radiation dose reference level audits matching service policy completed within X-Ray. The service carried out the audits annually. There were recommendations made in January 2022 by the medical physics experts (MPE) audit to implement local radiation dose reference levels within X-Ray and the service was currently carrying this out.

The service had enough suitable equipment to help them to safely care for patients. For example, we observed the resuscitation equipment trolley was checked in accordance with local policy. Clinic rooms were spacious, and the environment allowed for enough patient access to areas that they needed to be in safely.

Staff disposed of clinical waste safely. When we observed the department, we saw staff disposed of clinical waste correctly and in line with service policy.

Good

Diagnostic imaging

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. Staff were able to describe the steps they would take if a patient started to become unwell. We spoke with a patient who had become unwell in the department, and she praised staff for how they responded to her and looked after her to ensure she was feeling well again.

Staff completed risk assessments for each patient on arrival, and in consideration of the hospital's admissions policy, using a recognised tool. They reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. Staff discussed any key risk areas that had been identified as part of the patient's pre-assessment appointments. There was a recognition and management of the deteriorating patient policy, which included sepsis. Staff we spoke with were clear about signs and symptoms of deteriorating patients and gave examples of when and how they would escalate a concern.

Shift changes and handovers included all necessary key information to keep patients safe. We observed a daily, 9am multidisciplinary safety huddle, with representation from all departments. Themes discussed included clinical workload, staffing and operational risks.

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. Patients we spoke with told us staff were always available.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates.

The service had a higher than expected sickness rate. In the rolling 12-month period to December 2021, the rate was 6.3% against a target of 3.5%. However, the rate included all COVID-19 related absence, which was the main cause of elevated sickness rate in this reporting year.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank, agency and new staff had a full induction and understood the service. We saw an example of an induction workbook and associated policy which described the induction process.

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. Records were electronic. The system was introduced in November 2021. Staff we spoke with shared with us that they received training on the system. We reviewed 10 patients records and these were completed appropriately and in line with service and national guidelines.

Good

Diagnostic imaging

Records were stored securely with individual staff password access. Screens were locked and password protected when unattended.

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. Medicines management audits were completed for all departments and we noted high compliance scores.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

Incidents

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

Staff knew what incidents to report and how to report them on the electronic incident reporting system. This matched the incident policy that the provider had in place.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We reviewed incidents for the service and they had been reported in line with the provider policy.

Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the service's policy. The incidents we reviewed have been reported in line with local policy.

Staff understood the duty of candour. Staff we spoke with described the duty of candour during the inspection well and understood the importance of putting it into practice

Staff received feedback from investigation of incidents, both internal and external to the service through a bulletin called 'outcomes with learning'.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff we spoke with during the inspection knew how to report incidents and told us managers would support them to make incident reports and provided feedback once they had been investigated.

Good

Diagnostic imaging

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Compliance against policy was monitored throughout the year using an annual corporate audit schedule. Audits were completed on a 'real time' electronic platform. We saw areas that required improvement were clearly identified and the system allowed the addition of action plans which were shared with the managers and corporately.

Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and up to date COVID-19 guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

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.

See under 'Surgery'.

Patient outcomes

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

See under 'Surgery'.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were assigned a comprehensive package of both mandatory training and competencies that were tailored to their specific roles. Progress against this was monitored as part of their regular appraisals.

Managers gave all new staff a full induction tailored to their role before they started work. New staff were provided with a full induction pack to be completed before working unsupervised.

Good

Diagnostic imaging

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The imaging manager was new to post at the time of inspection but had a clear plan to ensure team meeting attendance and to hold regular meetings for staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

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.

Seven-day services

Key services were available to support timely patient care.

Services were available over seven days of the week with opening hours between 7am-8pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. We saw leaflets available to give to patients in the area that were regularly given out to patients where appropriate. These were shown to us by staff when we inspected.

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.

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

Staff made sure patients consented to treatment based on all the information available. The service had standardised consent forms for the procedures they completed that were in line with guidelines. The consent forms provided information on procedure, including the main benefits and risks associated with the procedure. On reviewing 10 patient records when we inspected, we found the required consent had been sought in line with service policy.

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. Mandatory training included Mental Capacity Act, Deprivation of Liberty Safeguards and dementia awareness modules, and we saw staff met the service target for these modules.

Good

Diagnostic imaging

Are Diagnostic imaging 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. All staff including reception staff, were observed to be compassionate and respectful to every patient who used the service. Patients told us that staff were friendly and we observed this in action during the inspection. We observed that all staff introduced themselves when patients were called from the waiting area, for their appointment.

Patients said staff treated them well and with kindness. We spoke with four patients and they all felt staff provided caring treatment towards them saying “staff were lovely, and I couldn’t fault them”.

Staff followed policy to keep patient care and treatment confidential. Patient records were kept safe and in line with policy. Conversations were held with patients in private consultation rooms with the door closed. This meant the information regarding the patient was 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. We observed staff giving reassurance to patients in a calm and relaxed manner.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were encouraged to be completed. We reviewed completion rates of feedback forms and they had increased month on month between August and November 2021. We observed throughout the department that quick response (QR) codes were displayed to allow patients to provide feedback electronically.

Good

Diagnostic imaging

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service. The service collected feedback through the friends and family test, and results were positive with overall patient satisfaction score at 97%.

Are Diagnostic imaging 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 and organised services so they met the changing needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers. Where patients had not attended their appointments, we observed during the inspection staff telephoning patients to ensure these could be re-scheduled for a new date.

The hospital car park provided free parking spaces.

Meeting people's individual needs

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

Staff supported patients living with dementia and learning disabilities. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers.

The service had information leaflets available in languages spoken by the patients and local community. The service had removed leaflets from the communal waiting area to ensure compliance with infection, prevention and control (IPC) arrangements during COVID-19. The leaflets were still available to be printed in a different language or larger fonts. This information was also available online.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by prior arrangement, for patients where English was not their first language. The hospital website also had a button to enable translation of the webpages into a variety of languages.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Good

Diagnostic imaging

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

Managers worked to keep the number of cancelled appointments to a minimum. The service kept delays and waiting times to a minimum and we heard from patients that staff communicated any delays. We observed appointments running to time when we inspected.

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

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. We saw information displayed within the main reception areas outlining how patients could raise a concern regarding the service. This information was also displayed on the provider's website.

Staff understood the policy on complaints and knew how to handle them. The hospital had a complaints policy, which staff accessed on the intranet.

Managers investigated complaints and identified themes. Learning was shared across the hospital in the daily morning huddle, monthly head of departments meeting, clinical governance meetings, quarterly medical advisory committee and quarterly departmental team meetings

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. Staff told us that during the COVID-19 pandemic, the service had implemented restrictions on visitors within the service. As a result of patient feedback, the service had implemented a risk assessment process to ensure that carers and family members providing support were able to attend appointments with patients when required.

Are Diagnostic imaging 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.

Good

Diagnostic imaging

See under '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.

See under 'Surgery'.

Culture

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

Staff spoke very highly of their organisation and were very proud to work there. Staff felt about to speak up and knew how to raise concerns.

See also under 'Surgery'.

Governance

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

See under 'Surgery'.

Management of risk, issues and performance

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

See under 'Surgery'.

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.

See under 'Surgery'.

Good

Diagnostic imaging

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.

See under 'Surgery'.

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.

See under 'Surgery'