Spire Healthcare Limited

Spire Manchester Hospital

Inspection report

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

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

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

We inspected two key questions for safe and well-led. Our previous rating for effective was good, caring was outstanding and responsive was good. These ratings remain the same.

- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding ☆	Our rating of this location stayed the same. We rated it as outstanding. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Spire Manchester Hospital

Spire Manchester Hospital is operated by Spire Healthcare Limited. It is a purpose-built private hospital, registered by the CQC on 22 January 2017. The hospital provides mainly private treatment and has contracts to provide services to local clinical commissioning groups (CCG) for NHS patients. The hospital has 37 inpatient rooms, a dedicated six bedded paediatric suite, 27-day case rooms and five critical care beds. The hospital primarily serves the communities of the Manchester area. It also accepts patient referrals from outside this area.

The hospital provides surgery, medical care, critical care, services for children and young people, outpatients and diagnostic imaging. Patients are admitted electively, there are no emergency admissions received at the hospital.

The inpatient treatment includes orthopaedics, ear, nose and throat (ENT), gynaecology, endoscopy, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process. We inspected the surgery service and carried out the unannounced part of the inspection on the 24 August 2022.

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.

Outstanding practice

We found the following outstanding practice:

- The service consistently performed better than the national average for the revision rates of shoulder, ankle and elbow surgery.
- The hospital implemented five quality improvement projects to improve the quality of patient care which included medicines management, patient discharge and blood sampling.
- There was a surgical safety guardian in theatre to drive and empower the highest safety standards. The surgical safety guardian was supported by a national Spire patient safety ambassador and regular clinical supervision meetings.
- Feedback from patients and those close to them was continuously positive about the way staff treated them.
- The hospital developed an educational video called 'joint school' to educate patients that were undergoing joint replacement surgery. The resource was available to patients and family members who supported them.
- Staff received training on quality improvement methodology as a part of mandatory training and they were actively involved in suggesting areas of improvement within the service.
- Staff engagement included an annual survey for consultants and a consultant's newsletter.
- The hospital actively engaged with external stakeholders through the external referrer engagement programme which included GPs and physiotherapists.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Outstanding ☆

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found most staff had completed their mandatory training (95%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering quality improvement, infection control, safeguarding children and adults, fire safety, health and safety, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Managers monitored mandatory training and staff received alerts when training needed to be refreshed. Nurses and healthcare assistants were required to complete annual refreshers and demonstrate their competency where necessary. Staff we spoke with told us they received reminders to complete mandatory training and they were also reminded at staff meetings. Staff we spoke with told us they had enough time to complete their mandatory training.

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Clinical

staff received safeguarding children and adults training to level two (98%). The safeguarding lead received safeguarding children and adults training to level four. The safeguarding lead supported staff in escalating their concerns and with the referral processes to the relevant local authorities. The service ensured that all staff involved in the direct care of children were level three trained. .

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 concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns, was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment were provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The hospital had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The hospital had an up-to-date chaperone policy.

There were six reported safeguarding incidents in the previous 12 months. Records showed they were investigated and reported in line with the service's policy.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All ward and theatres we visited were clean and had suitable furnishings which were clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. Store areas were tidy and free from clutter.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

The service consistently performed well for cleanliness. There were regular infection prevention and control audits and the service consistently performed to a high standard from August 2021 to July 2022. The audits included hand hygiene in theatre (99%) and ward (100%), bare below the elbow (100%), urinary catheter continuing care (99%), infection prevention and control (99%) and the ward environment (97%).

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

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. Hand-washing and sanitising facilities were available for staff and visitors.

All relevant patients were screened for potential infections such as methicillin-resistant staphylococcus aureus (MRSA) prior to admittance in line with hospital policy. Records showed there were no reported cases of MRSA, methicillin-susceptible Staphylococcus Aureus (MSSA), escherichia coli (E. coli) *or C.difficile*from August 2021 to July 2022. The hospital reported 80 surgical site infections (SSI) from August 2021 to July 2022. The service reviewed hospital acquired and surgical site infections, the learning from them and implemented an action plan where necessary.

Staff worked effectively to prevent, identify and treat surgical site infections. Six of the theatres had a laminar flow system, which circulated filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. We saw that the ventilation system within theatres had been regularly checked for bacteria.

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 service had suitable facilities to meet the needs of patients' families. The hospital had been redecorated and theatre equipment replaced. The wards and theatres were designed to allow a good flow between the ward and theatre. Staff had a view of the rooms from the nurses' station. There were individual ensuite rooms and patient privacy was maintained at all times. Patients we spoke with were complimentary of the facilities and the rooms.

The service had undertaken a Legionella, health and safety and a fire risk assessment. Records showed the action plans had been implemented to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes in the event of a fire. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. The ward and theatres were equipped with enough monitoring equipment for the number of patients treated. Staff carried out checks on equipment such as the resuscitation trolley, emergency call bells and fridge temperatures. Resuscitation equipment was located on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

The ward and theatre areas were well equipped and faulty or damaged equipment was repaired or replaced quickly. There was a planned equipment maintenance programme with onsite maintenance visits twice per year. The hospital kept a maintenance log for all the equipment. Stock and equipment, including disposable instruments, were well managed and recorded.

We saw that theatres had a difficult intubation and a cardiac arrest trolley appropriately sited in accordance with the hospital policy. A quarterly audit was completed for the cardiac arrest trolley and results for November 2021 to July 2022 showed 99% compliance.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Outstanding ☆

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

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

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

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used a modified 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. We observed the theatre team undertaking the 'five steps to safer surgery' procedures, including the use of the WHO checklist. From August 2021 to June 2022 an audit of the WHO Surgical Safety Checklist in theatre found 100% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient policy where patients would be referred to another nearby hospital for specialised care which the hospital did not provide. Staff participated in simulated emergency scenarios quarterly to ensure they maintained skills in responding to a patient collapse or cardiac arrest. Records showed that 93% of ward staff and 90% of theatre staff completed training in basic life support (BLS). Thirty staff were trained in adult life support (ALS) and immediate life support (ILS) and 16 staff in paediatric life support (PILS). The resident doctor was the lead for resuscitation incidents, and they had additional training in European paediatric advanced life support (EPALS).

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From October 2021 to June 2022 the NEWS2 audit found 96% compliance. There was a structured communication tool for handing on information to a clinical colleague about a deteriorating patient. Staff used the situation, background, assessment, recommendation and decision(SBARD) communication tool.

The service transferred eight deteriorating patients to an NHS hospital in the previous 12 months and records showed the service followed its policies and procedures. There was a service level agreement for patient transfers to the local NHS hospital.

The hospital had procedures for the recognition and management of sepsis and staff described how they would identify a deteriorating patient. Staff said they completed sepsis training as a part of mandatory training modules such as immediate life support.

Staff knew about and dealt with any specific risk issues. Each ward and theatre area had a "huddle" each morning to review any risks including patient safety risks and planned how to address these. We observed a service wide huddle which provided information on any risks and staffing requirements for each day.

Outstanding ☆

Surgery

The hospital had a contract with the local clinical commissioning groups to provide surgery for NHS patients and the hospital monitored the referral to treatment time. All patients who had waited over 52 weeks since referral for first definitive treatment required a clinical harm review to be undertaken. The service had a clinical prioritisation programme and harm reviews were undertaken where necessary.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. Clinicians wrote to the patient's general practitioner after gaining the patient's consent.

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

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The surgical nursing team was made up of a theatre team, which consists of a manager, scrub practitioners, anaesthetic team, recovery team and support team members; a ward team, which consists of a manager, sisters, senior staff nurses, nurses and health care assistants and pre-assessment team, which consists of a lead nurse, senior staff nurses and health care assistants. . A senior member of staff was always on shift when the service was in operation. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance.

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

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

Managers limited their use of bank and agency staff and requested staff familiar with the service. The hospital had recently undertaken a recruitment drive to increase staffing and there were currently vacancies for a paediatric nurse, two senior staff nurses and two advanced nurse practitioners.

All staff had a period of induction, and supervision where required, on commencing work at the hospital. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The hospital reviewed staff absence and recruitment and retention information.

Medical staffing

The service had enough medical staff to keep patients safe. There were 174 surgeons working under practicing privileges. The hospital performed surgeries in the following disciplines urology, ophthalmology, orthopaedics, minor hand surgery, minor neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery.

Surgery

Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the Medical Advisory Committee, which reviewed and approved the scope of practice submitted by an applicant. The service monitored compliance with the practicing privileges policy, and we saw evidence of this.

There were 109 anaesthetists working under practising privileges. Anaesthetists covered the theatres and wards and were available for emergency surgeries. Resident doctors (RD) covered the day-to-day care of patients on the ward and there was a pool of 18 RD who provided 24-hour care in the critical care unit. RD were provided by an external company and there was always an RD on duty 24 hours every day.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The hospital used paper and electronic records, to document patient information securely. Diagnostic images, reports and histopathology results could be viewed electronically. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required.

We viewed six patient care records, which contained the patient's consent form, written theatre record, including observations and discharge information. Records we reviewed were completed appropriately.

Records were stored securely. Paper records were stored securely in a locked cabinet when not in use. Staff completed training in information governance and data protection.

The hospital completed audits such as the accompanying notes audit which showed 99% compliance and a documentation audit which showed 98% compliance in the previous 12 months.

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. Staff followed best practice when prescribing, administering, recording and storing medicines. The hospital had a medicines management policy, which ensured staff practices were in line with national guidance.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards away from the patient areas. Medicine fridge temperatures had been checked and logged appropriately.

Controlled medicines were administered in line with published guidance. Medicines were within date and stored in a secure locked cupboard. Controlled medicines were regularly reviewed and audited to ensure the hospital complied with the standard operating procedures and regulations. The service completed quarterly audits of controlled medicines registers and records showed 99% compliance from September 2021 to June 2022 while the security and storage of controlled drugs was 100% from November 2021 to July 2022.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about the medicines prior to surgery as well as post-surgery.

Outstanding ☆

Surgery

Pharmacists provided cover daily and at weekends and operated a 24/7 on call service to meet the demands of the service.

Staff completed medicines records accurately and kept them up to date. Records we checked showed allergies were recorded where necessary and entries were complete. The service completed several audits to ensure staff followed best practice guidelines. The service performed consistently to a high standard for medicines prescribing and medicines storage on the ward and in theatre.

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.

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

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents data for the previous 12 months and found they were reported and investigated in line with the service's procedure. Most of the incidents were low or no harm and there were four serious incidents. Incidents were categorised into areas such as infection control, treatment, equipment, medication and operations cancelled. For each incident the actions taken, and lessons learned were recorded where applicable.

The service had one never events in the previous 12 months. A comprehensive root cause analysis was conducted after the event and a duty of candour delivered to the patient. The learning from never events was shared with staff to prevent recurrence. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff gave examples of incidents where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. Staff discussed learning from incidents at the clinical audit and effectiveness meetings. For example, the hospital reviewed its procedures for multidisciplinary team meetings when a patient had delayed wound healing following surgery.

Are Surgery effective?

Good

Our rating of effective stayed the same.

We did not inspect this key question at this inspection. The previous rating of good remains.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

Outstanding ☆

Surgery

Are Surgery caring?

Outstanding ☆

Our rating of caring stayed the same.

We did not inspect this key question at this inspection. The previous rating of outstanding remains.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

Are Surgery responsive?

Good ●

Our rating of responsive stayed the same.

We did not inspect this key question at this inspection. The previous rating of good remains.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

Are Surgery well-led?

Outstanding ☆

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

Leadership

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

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The hospital's senior management team comprised of the hospital director, a director of clinical services, a finance director and an operations director. The surgery service had an established management structure which included, a theatre manager, ward manager, deputy theatre manager, - and senior nurses. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

Staff said there was a 'flat' management structure and less of a hierarchy which enabled the involvement of the whole team. Staff said they worked together as one team.

We found all managers had the skills, knowledge and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff, adequate staffing levels to match the increase in activity and the impact of COVID - 19.

The leadership team demonstrated an understanding of local and national priorities and responded accordingly. An example of this was the response to the COVID-19 pandemic and the way the hospital adapted to keep patients and staff safe.

There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles. We saw examples of staff development. For example, the clinical services manager was promoted to the director of clinical services. The hospital introduced new roles for team leaders and staff were promoted into these roles in anaesthetic and recovery, orthopaedics and endoscopy.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

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

The hospital had a clear vision and strategy. The hospital's vision was to be the first choice for private healthcare for patients, consultants and GPs in Greater Manchester.

The hospital's values were driving clinical excellence, doing the right thing, caring is our passion, keeping it simple, delivering on our promises and succeeding and celebrating together. Plans are consistently implemented, and had a positive impact on quality and sustainability of services. The hospital's objectives were regularly reviewed to ensure the sustainability of the service.

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The strategy had clear goals and objectives which were used to measure its success. It was developed through engagement with staff and senior staff members. Quality measures included patient experience, clinical outcomes, staff engagement, recruitment, retention and development.

Staff we spoke with understood the vision and quality measures of the service and how it had set out to achieve them. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support services the service would provide.

Outstanding ☆

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.

Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing a walk around of the service every day. We observed during the walk around the hospital director knew each member of the team by name and knew their roles.

There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. The hospital had a diverse workforce. Staff are proud of the hospital as a place to work and spoke highly of the culture. Staff said they enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the hospital as a good place to work.

The service provided opportunities for staff development. For example, staff completed leadership and management training. Two staff members had been promoted to national lead roles in Spire Healthcare.

Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The hospital had a Freedom to Speak Up Guardian who was readily available for staff. If staff wished to speak with someone outside of the hospital, there was a Freedom to Speak Up Guardian on the corporate team. All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong. The hospital created a learning environment so staff could learn from feedback, incidents and complaints. Staff were proficient at recording incidents and 'near miss' situations and learning from them.

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. All managers worked collaboratively to improve patients' experience throughout the entire organisation. Staff we spoke with described a very supportive culture in response to a never event. Staff said the patient did not suffer harm, the learning from the incident was shared however, the management team also showed concern for the staff member and their wellbeing.

Governance

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

Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of processes from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.

The provider's board and other levels of governance in the organisation, at both provider and hospital level, functioned effectively and interacted with each other appropriately. The hospital had a number of monthly meetings which passed information to local and national committees, such as integrated governance, audit and risk, health and safety, medicines management and infection control. There were various other committees such as medical advisory (quarterly), senior management team (monthly) and clinical leadership group (monthly) also feeding into the governance framework.

Surgery

There was an effective clinical governance structure which included a range of meetings that were held regularly. These included the clinical leadership, heads of department, operational teams, senior management, health and safety, infection prevention and control, and clinical governance.

Staff discussed the sustainability of the service, future developments such as new services and procedures, and the level of activity and quality assurance. The managers evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. Staff had the opportunity to discuss changes they wanted to implement. The director of clinical services trained staff on quality improvement, data and how it improved practice. All staff understood how to drive improvement, how to collect relevant data including the measures and targets. Staff tried new processes and tested these for improvement.

The hospital implemented five quality improvement projects. Staff explained that patient forums had been suspended during the COVID-19 pandemic. The senior management team and service leads reviewed data from the patient discharge survey and found the service was slightly below the 95% satisfaction with discharge that was expected (93%). The hospital introduced a care audit to collect feedback from patients while they were on the ward so any concerns they had could be rectified before they were discharged. For example, the ward and pharmacy team worked together to ensure patients medication was prepared to ensure timely discharge. The outcome of the monthly care audits was displayed in the quality improvement noticeboards on the ward.

A medicines management quality improvement project focused on reducing medicines errors. Staff from the ward, pharmacy and critical care reviewed the data and identified additional training for new nurses and consultants as an area for improvement. The project was ongoing and would be re-evaluated after staff received training. A similar project was ongoing to reduce the number of rejected blood samples with staff reflecting on the impact this had for patients.

There was a surgical safety guardian in theatre to drive and empower the highest safety standards. The surgical safety guardian was supported by a national Spire patient safety ambassador and regular clinical supervision meetings.

The medical advisory committee (MAC) represented the professional needs and views of medical practitioners and advised the senior leaders on medical policy and standards. The MAC reviewed the clinical performance of consultants who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the hospital's senior management team.

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators. The senior management team ensured qualitative and quantitative information was monitored, reviewed and reported.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed at various management and staff meetings.

The hospital director told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email.

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.

Surgery

There was a demonstrated commitment to best practice performance and risk management systems and processes. There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a comprehensive list of audits and risk assessments that were completed on a regular basis. Staff understood the risk management policy and actively contributed to it.

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had key performance indicators (KPI's) in relation to quality, performance, human resources and finance which were regularly reviewed. The service continuously monitored safety performance through the hospital assurance monitoring tool. These outcomes were discussed at regular management, governance and staff meetings.

Risks were identified and addressed quickly and openly. There was a risk management policy, setting out a system for continuous risk management. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included challenges in recruitment, consultant availability due to increased activity and the completion of 'face to face' training for manual handling which had been impacted by the COVID-19 pandemic.

Staff discussed the risks to the service at various meetings and documented the progress of any outstanding actions. Progress on each action was reviewed at subsequent meetings.

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

Information Management

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

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

There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff we spoke with were able to demonstrate the use of the system and retrieve information. Staff received additional training on data sources that could drive improvement work such as audits, surveys, incidents, complaints and key performance indicators (KPI).

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training and most staff completed it (99%).

There were arrangements to ensure data or notifications were submitted to external bodies as required. Staff regularly submitted data to the Care Quality Commission (CQC), National Joint Registry (NJR), Patient Related Outcome Measures (PROMS) and Public Health England |(PHE) surgical site infection.

Outstanding ☆

Surgery

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff actively sought patient feedback and patients provided this through surveys, online feedback and emails. Patients feedback was consistently positive. We reviewed one example of positive feedback from a patient who had undergone surgery. The patient made a video outlining their experience including how staff reduced the anxiety of both the patient and parent and provided post-surgery reassurance and emotional support. Staff were described as, “the most dedicated, caring and empathetic people”.

The hospital developed an educational video called ‘joint school’ to educate patients that were undergoing joint replacement surgery. Prior to the COVID-19 pandemic physiotherapists delivered group sessions to patients and there were one-to-one sessions for more complex cases. The same information was made available to patients virtually including the surgical procedure, rehabilitation and reducing the risk of venous thromboembolism (VTE). The new resource was well received by patients who said it was helpful because they could review it as many times as they needed to, and family members also had access to the information.

The hospital had improved staff recognition through the inspiring people and special recognitions awards. The hospital created a garden to enable staff to have breaks and lunch outdoors. Staff we spoke with were complimentary of the garden and the management team’s effort in considering their wellbeing.

There was a quarterly staff forum, facilitated by the senior management team, where staff provided feedback on their personal growth and well-being. There was an action plan which addressed issues raised.

The hospital completed an annual staff survey and had regular meetings where staff could discuss their concerns. The service performed highly and consistently in all the questions on the survey. For example, 91% of staff said they were proud to work at the hospital and 94% of staff said they were happy with the standard of care if a friend or family member needed treatment. Records showed that staff provided feedback on opportunities for personal development and career progression. Managers responded by increasing funding to facilitate more opportunities for training and staff development.

Further engagement included an annual survey for consultants and a consultant’s newsletter. In the 2021 consultants survey 96% of consultants were satisfied with the quality of care provided to patients and 89% were satisfied with the quality of service the hospital provided to them. We saw examples of the consultant’s newsletter which updates on COVID-19, surgery and diagnostic imaging tests, service improvements and capacity. The annual general meeting of the medical society was planned for December 2022.

The hospital actively engaged with external stakeholders through the external referrer engagement programme which included GPs and physiotherapists. The hospital provided training sessions on bariatric surgery, chronic joint pain, knee surgery, liver disease, glaucoma management and pelvic health.

Staff made contributions to the decision on how the hospital would support the local community. The hospital supported several local charities. The hospital operated seven outreach referral clinics in GP practices across Greater Manchester. Consultants and patients used these clinics to facilitate access to the earliest appointments available.

Outstanding ☆

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.

There were open and transparent reviews of incidents and complaints and learning was consistently shared with staff to improve patients' experience. The hospital reviewed and completed a root cause analysis for all serious incidents. Staff were supported by a national patient safety team who reviewed all serious incidents and supported staff with ensuring relevant action was taken at the weekly national incident review working group (IRWG).

The hospital used 48-hour flash reports to share learning from incidents and safety concerns across the Spire group. The reports had actions for each hospital to take to provide assurances and the service actioned them.

The patient experience committee discussed learning from complaints and patient feedback to ensure effective action was taken.

The service consistently performed better than the national average for the revision rates of shoulder, ankle and elbow surgery. The national revision rates for shoulder surgery were 1.33, ankle 0.72 and elbow 1.28 while the hospital's revision rate for these was 0.

The hospital's revision rate for hip and knee replacement was slightly higher than the national average and this was reviewed by the medical advisory committee to determine if there were outliers. The hospital implemented a quality improvement project for hip and knee replacement surgery. The aim of the project was to safely shorten the patient's length of stay from the current three days to 48 hours working towards a one-day pathway. Staff undertook research among consultants, anaesthetists and physiotherapists in order to develop the improved patient pathway.

The heads of department (HOD) were supported by national clinical specialists for each service such as the wards, and theatres. Engagement calls were held fortnightly across all 39 Spire sites and this provided HOD the opportunity to discuss service specific issues, provide peer support and supervision. These sessions were supplemented by an annual national conference for each specialty area.

In 2022 a regional hub was established to encourage collaboration, promote best practice, learning and training. Managers said the benefits included efficiency for example, staff could easily access virtual training in their busy schedules. A hybrid education plan that incorporated both virtual education events, continuing professional development training, 'ask the consultant' sessions and 'lunch & learn' events were implemented.