

# BMI Woodlands Hospital

## Quality Report

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March 2016

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good 

Are services well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

BMI Woodlands Hospital serves the population of County Durham and surrounding areas. The hospital offers a range of outpatient services to NHS and other funded (insured and self-pay) patients including cardiology, dermatology, ear, nose and throat, gynaecology, oncology, ophthalmology, optometry, pain medicine, rheumatology and urology. Inpatient and outpatient surgical services include breast surgery, oral and maxillofacial surgery, orthopaedic surgery, general surgery, ear nose and throat, gynaecological surgery, urology, pain injections, ophthalmic and plastic/cosmetic surgery, spinal surgery and vascular surgery.

The hospital also provides consultation-only outpatient services for children and young people aged between three and 16 years. The hospital does not admit emergency patients. BMI Woodlands Hospital contracts services for catering, CT and MRI scanning, histology, infection prevention and control, medical records archiving, occupational health services, pathology, radiation protection and sterile services. These services do not form part of this inspection report.

We carried out an announced inspection visit on 23rd and 24th February 2016 and an unannounced inspection on 8th March 2016. This was the first comprehensive inspection of BMI Woodlands Hospital. CQC last inspected the hospital in April 2014 and reported compliance with all the standards inspected at that time.

We rated BMI Woodlands Hospital as good overall. We rated the service as good for safe, effective, caring, responsive and well-led.

### **Are services safe at this hospital/service**

Overall, we rated safe as good.

Staff demonstrated an understanding of being open with patients when things went wrong. When talking to staff we saw evidence of a strong culture of being open with patients including verbal apologies and letters of apology. Incident reporting was well managed and robustly investigated using root cause analysis where required. There had been no never events at the hospital. There was evidence of discussion of incidents and shared learning at daily 'comms cell' meetings and through team meetings. We saw evidence of action plans being implemented and changes made in response to incidents, however there was inconsistent evidence of learning by consultant surgeon staff but good evidence of this being monitored and acted upon by the executive director. There was a safeguarding lead in place with Level 3 safeguarding training and all staff had Level 1 child and adult safeguarding training. A safeguarding referral had been made in the past year and was appropriately managed. The safeguarding lead was the point of contact for any issues around Female Genital Mutilation (FGM) and this was also covered in the safeguarding policy as per the FGM: Multi-agency practice guidelines, (2014). The hospital used the BMI Healthcare nursing dependency and skill mix tool as a guide to assist staff to assess required staffing levels. The areas we inspected had a sufficient number of trained nursing staff with the appropriate skill mix to meet patients' needs. Use of agency was low and limited to the operating theatres only. Nurse handovers occurred three times a day. Shared information was clear, with discussion around individual patient's needs and risks and the plan for their hospital admission and discharge. Two resident medical officers (RMO) alternately provided medical cover 24 hours per day over a one-week period each and had received appropriate induction training from the hospital. The RMO attended the morning and evening nurse handover as often as possible and received handover from consultants before they went off duty. The hospital was almost entirely staffed by surgical and medical consultants who were employed by NHS organisations and had practising privileges at BMI Woodlands Hospital. The arrangements for anaesthetic and surgeon cover out of hours are detailed in the Practising Privileges Policy. Staff we spoke with described the procedure for on-call arrangements for anaesthetic or surgeon consultants out of hours. When the RMO, consultants and nursing staff needed to seek advice or support out of hours, they contacted the patient's consultant in the first instance. Consultants were expected to be no more than 30 minutes

# Summary of findings

away according to their practising privileges. If a consultant was aware that they would be absent they informed key senior staff at the hospital in writing and confirmed their cover arrangements. We saw an example of this system in practice. Nursing and medical staff reported excellent working relationships and good communication about patient care and treatment plans.

However, staff did not have a full understanding of the requirements of the statutory duty of candour. No staff had received specific training on duty of candour and the grading of actual harm arising from incidents was not used to trigger the duty of candour process. There was a strong culture of being open and honest with patients and family members and we saw written apologies to patients. Consultant staff did not document a daily review of patients when we reviewed care records. The Resident Medical Officer (RMO) also did not write a daily review in the care record. Patients who stayed in hospital overnight did not receive a consultant review and this is in breach of the consultant practising privileges policy at BMI Woodlands Hospital. We found inconsistent recording of National Early Warning Scores (NEWS) which had also been identified in the hospital audit performed by nursing staff. However a action plan had been put in place at the time of inspection to improve accurate recording of patients' physiological observations.

## **Are services effective at this hospital/service**

We rated effective as good.

Patients received care and treatment in line with national guidelines such as National Institute for Health and Clinical Excellence (NICE) and the Royal Colleges. The clinical governance committee managed the approval and distribution of policies and monitored audit findings. The hospital participated in national audit programmes such as performance reported outcomes measures (PROMs) and the National Joint Registry. Results showed patient outcomes were in line with the national average. The rate of unplanned readmissions and unplanned patient transfers to other hospitals was within expected levels when compared to other independent hospitals. Specific training to support staffs understanding of the application of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been received by all staff. There was a hospital designated lead for MCA and DoLS. The Medical Advisory Committee (MAC) monitored compliance with practising privileges and there was evidence of action taken by the MAC and executive director when competence issues arose. There were three consultants without NHS contracts. The corporate medical director was the revalidation officer for these consultants and their appraisal was carried out by consultants in BMI with appraisal training. A review of 16 consent forms found that the standard of documentation was inconsistent, for example there were gaps in recording the type of anaesthetic on two forms, lack of evidence of second stage consent and none recording that information about the procedure had been provided to the patient.

## **Are services caring at this hospital/service**

We rated caring as good.

We observed patients being treated with compassion, dignity and respect throughout our inspection. Staff were courteous and helpful in all roles. All staff we met during inspection were approachable and friendly. We observed staff introducing themselves by name to patients and patients we spoke with knew the names of staff that were caring for them. We received 91 comment cards during the inspection, all of which contained positive comments about the standard of care, support and attitude of staff. Examples of comments included: "Customer care from consultant doctors, nursing staff and all unit staff caring and compassionate and so understanding", "My physiotherapist is phenomenal with my treatment and improves my standard of living". BMI Woodlands Hospital took part in the Friends and Family Test for measuring patient experience and satisfaction. The response rate (n90) was reported as low; however, it was very positive as reported in December 2015. 98.6%-100% of all patients would recommend the service and staff to friends and family. In 2015 the hospital implemented a 'Patient Environment and Improvement Group' (PEIG) on which, patient representatives and members from the local Health Watch Board sit. This group meets quarterly and seeks to make improvements in line with patient feedback and observations. Patients we spoke with were complimentary about the staff without exception. They told us that they felt informed and involved in their care and

# Summary of findings

treatment. We observed patients in theatres and the anaesthetic room being given information in a way that would alleviate any anxiety or concern. The reception staff in the main ward area were helpful, friendly and professional. They gave the patients attending the ward the information they needed and communicated promptly with the ward staff any arrival of patients for admissions. Patients we spoke with felt able to approach staff if they felt they needed any aspect of support. There was access to specialist nursing advice services through individual consultants, for example cosmetic surgery support services provided by specialist nursing staff external to BMI Woodlands Hospital.

## **Are services responsive at this hospital/service**

We rated responsive as good.

There were effective arrangements in place for planning and booking of surgical activity including waiting list initiatives through contractual agreements with the clinical commissioning group. Outreach outpatient clinics enabled ease of access to patients wishing to be treated at BMI Woodlands Hospital. Patients admitted to BMI Woodlands Hospital were assessed for admission suitability by their consultant and by using a risk stratification system in line with local and national guidelines. This meant the majority of patients treated at the hospital were considered “low risk”. Adults in vulnerable circumstances, such as patients with learning disabilities and those living with dementia were supported by open and overnight visiting arrangements for carers and additional staff if required. However, in most cases, assessment at the point of referral usually referred them to NHS establishments. Staff held a daily ‘comms cell’ meeting to discuss safety issues as well as patient flow, consultant cover arrangements and the availability of beds in the hospital. Ward nursing staff and the nurse manager reviewed planned patient discharges in handovers and throughout the shift to assess on-going availability of beds. At the time of our inspection, there were no pressures on the numbers of beds available, and there was an aspiration to expand the facilities to provide additional services. The hospital achieved the overall referral to treatment indicator of 90% of patients admitted for treatment from a waiting list within 18 weeks for the reporting period. It also achieved better than the indicator of 92% of incomplete admitted patients beginning treatment within 18 weeks of referral in the reporting period. Arrangements were in place with the local NHS trust to receive unplanned transfers for further care. Complaints were responded to in a timely manner and staff were familiar with the process. In some cases, it was not clear that assurance was obtained that actions arising from complaints were completed.

## **Are services well-led at this hospital/service**

We rated well-led at this service as good.

There was a clear vision and strategy for the hospital which were understood by staff. A robust governance structure was in place with pharmacy, the infection prevention and control group and health and safety group reporting into the clinical governance committee. A comprehensive clinical governance report including patient safety and quality performance was reviewed by this committee and the Medical Advisory Committee. The hospital risk register identified 12 risks, of which two were clinical risks. There was limited evidence of documenting risks associated with clinical quality or performance; however, there was strong evidence of a response to risks identified through incident reporting. In response to the inspection, the executive director immediately developed an action plan, which was reviewed during the unannounced inspection. It demonstrated a comprehensive plan of improvement for the issues raised during initial feedback. The lack of clinical risks on the risk register was recognised by the corporate team and at local level. A new corporate risk management policy and risk register template was in the process of being implemented. Staff were well engaged across the hospital and reported an open and transparent culture and felt they were able to raise concerns. There was strong local leadership of the hospital from the executive director which was effectively supported by the chair of the Medical Advisory Committee, director of nursing and the heads of departments.

Our key findings were as follows:

- The hospital had infection prevention and control policies and an infection prevention and control team. Quarterly infection prevention and control committee meetings were held. There were links to the infection prevention and

# Summary of findings

control team and microbiology at a regional NHS trust and we noted discussion of any infection control issues in minutes of meetings. A comprehensive annual report was published and available on the BMI Woodlands Hospital website. There were low rates of wound infection and no cases of Methicillin-Resistant Staphylococcus Aureus bacteraemia (MRSA), Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia or Clostridium difficile infections at the hospital between October 2014 and January 2016.

- The hospital used the BMI Healthcare nursing dependency and skill mix tool as a guide to assist staff to assess required staffing levels. The areas we inspected had a sufficient number of trained nursing staff with the appropriate skill mix to meet patients' needs. Use of agency was low and limited to the operating theatres only and we observed a good system for orientation and local induction of agency staff, which included a comprehensive record of competency. There were formal on-call arrangements for theatre staff to cover out of hours, should an unplanned return to theatre be required. Nurse handovers occurred three times a day and shared information was clear, with discussion around individual patient's needs and risks.
- The hospital environment and equipment was visibly clean. All departments and patient areas were visibly clean and we saw staff wash their hands and use hand gel between treating patients. Separate hand washing basins, hand wash and hand gel dispensers were available in the departments and patient areas and were seen to be used appropriately. Cleaning audits included monthly and quarterly audits of room cleanliness in all areas, management of disposable curtains and carpet cleaning. Patient Led Assessments of the Care Environment (PLACE) audits were conducted annually. These assessments apply to hospitals, hospices and day centres that provide NHS funded care. This assessment rated the hospital as 100% for cleanliness (national average 97.25%) in 2015.
- The Malnutrition Universal Screening Tool (MUST) was used to screen patients and patients had a nutritional assessment at pre-assessment or on admission. The tool was fully completed in 13 records we checked at random. Staff we spoke with were knowledgeable around the need for accurate fluid balance and hydration in post-operative patients and the fluid balance charts we reviewed were completed appropriately. We observed a protected mealtime and the 10 patients we spoke with were happy with the catering. A variety of hot and cold food was available. There was good choice for patients including vegetarian, gluten-free, lighter options and multi-cultural food choices.

## Workforce Race Equality

BMI Woodlands Hospital took part in a pilot review of implementation of the Workforce Race Equality Standard (WRES). Nine people were interviewed related to WRES during the inspection. The staff interviewed covered a range of roles in the organisation including corporate representation, executive director, employee relations and front line staff. The findings showed that WRES implementation at both corporate and local hospital level was at an early stage. However, the small number of Black and Minority Ethnic (BME) staff we spoke with during the visit clearly felt that there were no differences between how they were treated by management and colleagues. They felt that they had equal opportunities and were valued by both the organisation and management at all levels. The corporate and management representative felt that it had been difficult to capture data to meet the WRES framework, as the requirements were new to the organisation. A corporate WRES report and action plan had been drafted and was to be published at end of this business year. The action plan included working with NHS England to improve reporting of WRES indicators in independent hospitals.

We saw areas of outstanding practice including:

- The development of the Ambulatory Care Unit from October 2015 had provided additional capacity for endoscopy and surgical procedures. This was working well and staff we spoke with anticipated the potential for a planned expansion of ambulatory care services at BMI Woodlands Hospital.

However, there were also areas of poor practice where the provider needs to make improvements.

The hospital provider should:

# Summary of findings

- Ensure that all staff have an understanding of Regulation 20: Duty of Candour and how this is applied. Additionally the hospital must utilise the systems in place to comply with this regulation.
- Ensure that fasting times are audited to provide assurance that patients are appropriately prepared for surgery.
- Ensure that staff document consent in line with national guidance from the General Medical Council and Royal College of Surgeons.
- Ensure that medical staff meet the requirements of the practising privileges policy in relation to daily patient visits and maintaining complete documentary records of these visits.
- Consider a regular staff survey to monitor staff engagement.
- Extend the mechanisms for learning from patient safety incidents to incorporate all consultant surgeons with practising privileges.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating Summary of each main service

Good



We rated the surgery service as good overall with good in safe, effective, caring, responsive and well-led because:

- Staff we spoke with described a clear process of incident reporting and there were arrangements in place to investigate serious incidents and we were assured that learning was shared with all staff including consultant staff with practising privileges at BMI Woodlands Hospital. Incident reporting was well managed and robustly investigated using root cause analysis where required. There had been no never events at the hospital. There was evidence of discussion of incidents and shared learning at daily 'comms cell' meetings and through team meetings. We saw evidence of action plans being implemented and changes made in response to incidents. There was inconsistent evidence of learning by consultant surgeon staff but good evidence of this being monitored and acted upon by the executive director. There was a safeguarding lead in place with Level 3 safeguarding training and all staff had Level 1 child and adult safeguarding training. A safeguarding referral had been made in the past year and was appropriately managed. The safeguarding lead was the point of contact for any issues around Female Genital Mutilation (FGM) and this was also covered in the safeguarding policy as per the FGM: Multi-agency practice guidelines, (2014). The environment was visibly clean, modern, uncluttered and well maintained. There were good arrangements for infection prevention and control at BMI Woodlands Hospital. Medicines management and pharmacy governance arrangements were in place and covered policy, practice, incident review and a programme of audits. Staff had good access to mandatory training, training levels were high and there was a commitment to ensure staff completed a range of courses to prepare them to perform their role safely. Nurse staffing and skill mix met the needs of the service and there was low use of agency staff and good processes in place to cover any shortfalls in staffing. The RMO was visible and accessible 24/7 and arrangements for

# Summary of findings

RMO cover was good at the hospital. The standard of documentation in care pathways was good. The arrangements for anaesthetic and surgeon cover out of hours are detailed in the Practising Privileges Policy. Staff we spoke with described the procedure for on-call arrangements for anaesthetic or surgeon consultants out of hours. When the RMO, consultants and nursing staff needed to seek advice or support out of hours, they contacted the patient's consultant in the first instance. Consultants were expected to be no more than 30 minutes away according to their practising privileges. If a consultant was aware that they would be absent they informed key senior staff at the hospital in writing and confirmed their cover arrangements. We saw an example of this system in practice. There had been no incidents reported by staff as a consequence of this arrangement at the time of inspection. We noted that some carpeted areas in single rooms were discoloured. It is recommended in the Department of Health, Health Building Note (HBN) 00-09 'Infection in the Built Environment' that carpets are not used in clinical areas.

However, BMI had a risk assessment in place and this issue was included in the risk register.

The duty of candour regulation was not formally implemented, the grading of incidents of actual patient harm did not support implementation of duty of candour. Staff we spoke with had not received training and did not understand the regulation, however, there was a strong culture of being open and honest with patients and family members and we saw written apologies to patients.

Patients who stayed in hospital overnight did not receive a consultant review and this is in breach of the consultant practising privileges policy at BMI Woodlands Hospital. We found inconsistent recording of National Early Warning Scores (NEWS) which had also been identified in the hospital audit performed by nursing staff. An action plan was put in place at the time of inspection to improve accurate recording of patients' physiological observations.

Consultant staff did not document a daily review of patients when we reviewed care records. The Resident Medical Officer (RMO) also did not write a daily review in the care record.

- Patients received care and treatment based on national guidance, standards and best practice.

# Summary of findings

Patient outcome data for orthopaedic and general surgery compared favourably with national averages. The multidisciplinary team worked well together and discussed patient care and treatment in effective handovers. Patients spoke positively about their care and the team. Patients' post-operative pain was well managed. Consultant staff did not have consistent consent processes and documentation was not always fully completed. There was a hospital designated lead for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

- Patients were admitted promptly and had access to services seven days a week. Consultants worked flexibly to meet the needs of their patients. The recent development of the Ambulatory Care Unit had provided additional capacity for endoscopy and surgical procedures and was working well. The process for complaints was clear, shared with the team and managed in line with the hospital policy although all outcomes of action plans were not clear.
- Clinical managers had a clear vision and strategy and there were robust governance arrangements in place. Information in the executive summary was not consistently shared with the Resident Medical Officer by the Medical Advisory Committee. There was corporate introduction of a new risk register template and risk management policy. This process had started at BMI Woodlands Hospital. Staff spoke highly of their senior team and staff engagement was good, however there was no evidence of a formal staff satisfaction survey at the time of inspection. Morale was good amongst staff and it was clear that there was a positive culture in the surgery service.

## Outpatients and diagnostic imaging

Good



We rated the outpatients and diagnostic imaging service as good in safe, caring, responsive and well-led because:

- There had been no Never Events; incidents were reported, investigated and lessons learned. The departments were visibly clean; cleaning rotas were up to date and equipment we inspected had been cleaned. Staff adhered to the use of personal protective equipment. There was sufficient and well-maintained equipment to ensure patients

# Summary of findings

received safe treatment. There were sufficient nursing and medical staff within the department to ensure patients were treated safely. Medicines and medicine prescriptions were stored safely.

- Services provided by the outpatient and diagnostic imaging department were effective. Care and treatment was evidence based and patient outcomes were measured and within acceptable limits. Staff in the departments were competent, and there was evidence of multidisciplinary working.
- People were treated courteously and respectfully and their privacy was maintained. Services were in place to emotionally support patients. Patients were kept up to date with and involved in discussing and planning their treatment. Patients were able to make informed decisions about the treatment they received.
- Outpatient and diagnostic imaging services were responsive to needs of patients. Patients were seen quickly for urgent appointments, if required, and clinics were only rarely cancelled at short notice.
- Mechanisms were in place to ensure the service was able to meet the individual needs of people such as those living with dementia, a learning disability or physical disability, or those whose first language was not English. Systems were in place to capture concerns and complaints raised within the department, review these and take action to improve the experience of patients.
- Staff and managers had a vision for the future of the departments and were aware of the risks and challenges they faced. Staff felt supported and were able to develop to improve their practice. There was an open and supportive culture where incidents and complaints were reported, lessons learned and practice changed. The department supported staff who wanted to be innovative and try new services and treatments.

We inspect but do not rate effective unless we have sufficient, robust information, which answer the KLOE's and reflect the prompts.

# Summary of findings

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Good 

# BMI Woodlands Hospital

## Services we looked at

Surgery and Outpatients and diagnostic imaging

# Summary of this inspection

## Background to BMI Woodlands Hospital

BMI Woodlands Hospital was purpose-built in Morton Park, Darlington in 2001. The 38-bedded hospital was originally planned, built and owned by a number of consultant surgeons and businessmen who were the major shareholders. BMI Healthcare acquired a 25-year operational lease in November 2008. During BMI Healthcare's operational lease the hospital has invested a significant amount of capital for equipment through major schemes and joint ventures such as the provision of a fixed MRI scanner, the development of a fully equipped gymnasium and the opening of the ambulatory care unit and associated theatre.

BMI Woodlands Hospital serves the population of County Durham and surrounding areas. The hospital offers a range of outpatient services to NHS and other funded (insured and self-pay) patients including cardiology, dermatology, ear, nose and throat, gynaecology, oncology, ophthalmology, optometry, pain medicine, rheumatology and urology. Inpatient and outpatient surgical services include breast surgery, oral and maxillofacial surgery, orthopaedic surgery, general surgery, ear nose and throat, gynaecological surgery, urology, pain injections, ophthalmic and plastic/cosmetic

surgery, spinal surgery and vascular surgery. The hospital also provides consultation-only outpatient services for children and young people aged between three and 16 years.

The on-site facilities include an endoscopy suite, three operating theatres (two of which are with laminar airflow), consulting rooms supported by an imaging department offering X-ray and ultrasound and inpatient and outpatient physiotherapy services. There are 22 patient bedrooms on the main ward, all with en-suite bathrooms, two short-stay bays with 11 beds in total and a four-bedded bay for close observation.

The registered manager is the Executive Director and has been in post since September 2007. The Executive Director also acts as the Accountable Officer for Controlled Drugs.

The hospital was inspected as part of our planned inspection program. This was a comprehensive inspection and we looked at the two core services provided by the hospital: surgery and outpatients and / diagnostic imaging.

## Our inspection team

Our inspection team was led by: Imogen Hall, Care Quality Commission, Inspection Manager

The team included CQC inspectors and a variety of specialists: Consultant surgeon with independent healthcare experience, independent healthcare executive

director, radiology department manager and senior nurse manager. This hospital took part in a CQC pilot review of compliance with workforce race equality requirements and an equality and diversity specialist attended to inspect that element.

## Why we carried out this inspection

This was the first comprehensive inspection of BMI Woodlands Hospital. CQC last inspected the hospital in April 2014 and reported compliance with all the standards inspected at that time.

# Summary of this inspection

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about the hospital and spoke to the local clinical commissioning group. We carried out an announced inspection visit on 23rd and 24th February 2016 and an unannounced inspection on 8th March 2016.

We spoke with staff individually and in two focus groups. We talked with patients and staff from the ward, operating department, radiology, physiotherapy and outpatient services. We observed how people were being cared for, talked with patients and reviewed patient records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at BMI Woodlands Hospital.

## Information about BMI Woodlands Hospital

BMI Woodlands Hospital serves the population of County Durham and surrounding areas. The hospital offers a range of outpatient services to NHS and other funded (insured and self-pay) patients including cardiology, dermatology, ear, nose and throat, gynaecology, oncology, ophthalmology, optometry, pain medicine, rheumatology and urology. Inpatient and outpatient surgical services include breast surgery, oral and maxillofacial surgery, orthopaedic surgery, general surgery, ear nose and throat, gynaecological surgery, urology, pain injections, ophthalmic and plastic/cosmetic surgery, spinal surgery and vascular surgery. The hospital also provides consultation-only outpatient services for children and young people aged between three and 16 years. The hospital does not admit emergency patients. BMI Woodlands Hospital contracts services for catering, CT and MRI scanning, histology, infection prevention and control, medical records archiving, occupational health services, pathology, radiation protection and sterile services. These services do not form part of this inspection report.

### Activity

- The hospital operates 22 inpatient beds, 11 short stay beds and four close observation beds. It is registered for 38 beds.
- The hospital employed 109 WTE staff as of October 2015 and has 145 consultants with practicing privileges. Temporary bank are mainly used to cover staffing shortfalls with use of agency nursing in the operating theatres when required.
- There were no patient deaths at the hospital between October 2014 and January 2016. CQC received one statutory notification from the hospital of an unexpected death in a local NHS hospital, which occurred following discharge from BMI Woodlands Hospital. This was an appropriate action by the hospital.

There were 6,633 visits to the theatre between October 2014 and September 2015. The ten most common surgical procedures performed were:

- Phacoemulsification of lens with implant -unilateral 825
- Multiple arthroscopic surgery of the knee (including meniscectomy) 526
- Total prosthesis replacement knee joint, with/without cement 355

# Summary of this inspection

- Primary total hip replacement with or without cement 333
- Hysteroscopy including biopsy, dilatation, curettage and polypectomy 153
- Multiple procedures on forefoot 136
- Carpal tunnel release, including endoscopic 126
- Primary repair of inguinal hernia 125
- Augmentation mammoplasty –bilateral 119
- Autograft anterior cruciate ligament recon (as sole procedure) 73

In addition, the five most common non-surgical procedures were:

- Image-guided injection(s) into joint(s) 357
- Diagnostic endoscopic examination of bladder (including any biopsy) 282
- Transforaminal epidural 212
- Diagnostic colonoscopy, includes forceps biopsy 192
- Facet joint injection (under x-ray control) - five to six joints 187

In the reporting period from October 2014 to September 2015, there were:

- No Never Events.
- Two unexpected deaths reported to CQC. These occurred at a local NHS trust within 30 days of surgery conducted at BMI Woodlands Hospital. One death was confirmed as unrelated to surgery and the second is awaiting the coroner's report.
- One serious injury reported to CQC from which the patient was reported to have made a full recovery.

- Two incidents of hospital acquired VTE or PE. In both cases, a root cause analysis was undertaken and confirmed that the VTE risk assessment was completed and the prescribed prophylaxis treatment was given.
- 13 unplanned transfers (average rate of 0.2% per 100 inpatient discharges). Of these, three received Level 2 care and the remaining cases received Level 1 care.
- 23 cases of unplanned readmission within 29 days of discharge (average rate of 0.35% per 100 inpatient discharges). The majority of readmissions were related to wound management.
- 16 cases of unplanned return to theatre (average rate of 0.2% of theatre visits) for wound management.

For the period October 2015 to December 2015, there were:

- No Never Events.
- Five unplanned transfers of which two received Level 2 care and three were transferred at the consultant's request.
- Four cases of unplanned readmission within 29 days of discharge.
- One case of unplanned return to theatre.
- One serious injury reported to CQC from which the patient was reported to have made a full recovery.

There were no reported cases of Clostridium Difficile (C. Diff), Methicillin-resistant Staphylococcus Aureus (MRSA) or Methicillin-sensitive Staphylococcus Aureus (MSSA) between October 2014 and January 2016.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

1. We are will rate effectiveness for Outpatients and Diagnostic Imaging where we have sufficient, robust information, which answer the KLOE's and reflect the prompts.

# Surgery

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

## Information about the service

BMI Woodlands Hospital provides a range of surgical services to NHS and other funded (insured and self-pay) patients from the Darlington, Teesside and Durham areas. It carries out orthopaedic, ophthalmology, gynaecology, gastroenterology, urology, ear, nose and throat and cosmetic surgery as well as endoscopy services. The hospital does not perform any high risk and complex surgery. In 2014/15, there were 6,287 inpatients of which 4,339 were day case and 1,948 were overnight inpatients. Approximately 70% of admissions were NHS and 30% were other funded. Of the admissions the majority were orthopaedic (1549) followed by ophthalmology (825), gynaecology (153), general surgery (125), and cosmetic surgery (119). There had been a significant rise in surgical activity since 2007, from 3671 to 6604 total day case and inpatient numbers. During the inspection, we clarified that the hospital did not provide surgical services to children under sixteen.

The hospital has two fully equipped laminar flow theatres and an ambulatory care unit, which has opened in a third theatre space in October 2015. This theatre area has restricted air exchange (non-laminar flow) and accommodates patients having procedures that are minimally invasive, such as i.e. injection treatments and endoscopy. The two main theatres work over a seven-day programme of theatre sessions.

The main ward has a large reception area with access to a dedicated pre-assessment clinic. The main ward has 22 private en-suite rooms, including the recently adapted ambulatory care area with four single rooms and two

recliner chairs. A further four beds are available in a separate close-observation bay. Two adjoining ward bay areas have five and six short stay beds. The hospital is registered to operate 38 beds of which it operates 37 beds.

Microbiology, pathology, blood transfusion services and equipment sterilisation and decontamination services are all outsourced. The decontamination of sterile equipment is managed by a dedicated team at BMI Woodlands Hospital supported by a theatre sterile services department based at a local NHS trust. Pharmacy services are provided in-house by a dedicated team.

We spoke with seven patients, 13 members of staff including consultants, the registered medical officer (RMO), nursing, pharmacy, administrative and support staff. We checked 17 pieces of equipment and 23 patient care records including prescription charts, observation charts and risk assessments, World Health Organisation (WHO) 5 Steps to Safer Surgery checklists and consent forms. We observed the delivery of care and treatment to patients in wards, clinic and theatre areas.

Prior to and following our inspection, we reviewed performance information about the hospital. We attended staff focus groups and listened to staff views about working in BMI Woodlands Hospital.

# Surgery

## Summary of findings

We rated the surgery service as good overall with good in safe, effective, caring, responsive and well-led because:

- Patient safety was monitored and incidents were investigated with evidence of shared learning to improve care. The environment and equipment were visibly clean; with the exception of some carpeted areas. Equipment was available and well maintained. Arrangements were in place for safe storage of medicines and we saw prescriptions and care records completed appropriately. These included nutritional assessments, pain assessments and fluid balance charts. Mandatory training attendance was 100% and staff felt supported in developing their skills and competence. All staff had regular appraisals. There was a low rate of wound infection and no incidence of Clostridium Difficile or Methicillin-Resistant Staphylococcus Aureus. The hospital was well staffed and skill mix met the needs of the patients admitted for surgery. The WHO '5 steps to safer surgery' and staff safety briefings were in place. The arrangements for escalation of deteriorating patients were effective with evidence of safe transfer to NHS hospitals for a higher level of care when required, however the recording of National Early Warning Score (NEWS) physiological observations had been inconsistent in a recent hospital audit. The arrangements for anaesthetic and surgeon cover out of hours are detailed in the Practising Privileges Policy. Staff we spoke with described the procedure for on-call arrangements for anaesthetic or surgeon consultants out of hours. When the RMO, consultants and nursing staff needed to seek advice or support out of hours, they contacted the patient's consultant in the first instance. Consultants were expected to be no more than 30 minutes away according to their practising privileges. If a consultant was aware that they would be absent they informed key senior staff at the hospital in writing and confirmed their cover arrangements. We saw an example of this system in practice. The duty of candour regulation was not formally implemented and staff had not received training, however, there was a strong culture of being

open and honest with patients and family members and we saw written apologies to patients. Consultant staff did not document a daily review of patients when we reviewed care records. Patients who stayed in hospital overnight did not receive a consultant review and this is in breach of the consultant practising privileges policy at BMI Woodlands Hospital. The Resident Medical Officer (RMO) also did not write a daily review in the care record. We found inconsistent recording of National Early Warning Scores (NEWS) which had also been identified in the hospital audit performed by nursing staff. An action plan was put in place at the time of inspection to improve accurate recording of patient's physiological observations. The NEWS is a tool that can help clinical staff identify the deteriorating patient.

- Patients received care and treatment based on national guidance, standards and best practice. Patient outcome data for orthopaedic and general surgery compared favourably with national averages. The multidisciplinary team worked well together and discussed patient care and treatment in effective handovers. Patients spoke positively about their care and the team. Patients' post-operative pain was well managed. However, consultant staff did not perform or document the consent process consistently or in line with national guidance from the General Medical Council and Royal College of Surgeons. There was a hospital designated lead for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); all staff had attended training.
- Patients were admitted promptly and had access to services seven days a week. Consultants worked flexibly to meet the needs of their patients. The recent development of the Ambulatory Care Unit had provided additional capacity for endoscopy and surgical procedures and was working well. The process for complaints was clear, shared with the team and managed in line with the hospital policy although the outcome of action plans was not always clear.
- Clinical managers had a clear vision and strategy and there were robust governance arrangements in place, however the executive summary information

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was not consistently shared with the Resident Medical Officer by the Medical Advisory Committee. Staff spoke highly of their senior team and although staff engagement was good, there was no evidence of a formal staff satisfaction survey at the time of inspection. Morale was good amongst staff and it was clear that there was a positive culture at in the surgery service.

## Are surgery services safe?

Good 

We rated safe as 'good' because:

- Staff we spoke with described a clear process of incident reporting and there were arrangements in place to investigate serious incidents and we were assured that processes were in place to share learning with staff, including consultant staff with practising privileges at BMI Woodlands Hospital.
- The environment was visibly clean, modern, uncluttered and well maintained. The arrangements for decontamination and supply and storage of sterilised equipment were good.
- There were good arrangements for infection prevention and control at BMI Woodlands Hospital. We observed good hand hygiene practice and staff adherence to policies. Incidence of infection was low and there were no reported cases of clostridium difficile (C. Diff), Methicillin-resistant Staphylococcus aureus (MRSA) or Methicillin-sensitive Staphylococcus aureus (MSSA) between October 2014 and Feb 2016. Medicines management and pharmacy governance arrangements were in place and covered policy, practice, incident review and a programme of audits.
- Staff had good access to mandatory training. Training levels were high and there was a commitment to ensure staff completed a range of courses to prepare them to perform their role safely.
- Nurse staffing and skill mix met the needs of the service there was low use of agency staff and good processes in place to cover any shortfalls in staffing. The RMO was visible and accessible 24/7. The arrangements for RMO cover at the hospital was good.
- The standard of nursing documentation in care pathways was good. Risk assessments were complete in the care records we reviewed. Patients were assessed using a risk stratification system and pre-assessment processes and policies ensured that low risk patients were admitted to the hospital. Hospital staff regularly audited compliance with completing the 'five steps to safer surgery' World Health Organisation (WHO) surgical safety checklist in operating

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theatres. We reviewed checklists which all were fully completed and local audits also demonstrated 100% compliance. There was a WHO surgical safety champion in place.

- We observed effective nurse handovers in the wards and structured safety briefs in theatre that involved support staff, nursing, operating department practitioners (ODP's), surgeons and anaesthetists.
- Risk assessments included the use of National Early Warning Score (NEWS) observations and policies were in place for the unplanned transfer of patients to NHS hospitals if the patient showed signs of needing an increased level of care or further investigations. The incidence of this type of transfer was low .

The arrangements for anaesthetic and surgeon cover out of hours are detailed in the Practising Privileges Policy. Staff we spoke with described the procedure for on-call arrangements for anaesthetic or surgeon consultants out of hours. When the RMO, consultants and nursing staff needed to seek advice or support out of hours, they contacted the patient's consultant in the first instance. Consultants were expected to be no more than 30 minutes away according to their practising privileges. If a consultant was aware that they would be absent they informed key senior staff at the hospital in writing and confirmed their cover arrangements. We saw an example of this system in practice.

However:

- The duty of candour regulation was not formally implemented, the grading of incidents of actual patient harm did not support implementation of duty of candour. Staff we spoke with had not received training and did not understand the regulation, however, there was a strong culture of being open and honest with patients and family members and we saw written apologies to patients.
- Consultant staff did not document a daily review of patients when we reviewed care records. Patients who stayed in hospital overnight did not receive a daily consultant review and this is in breach of the consultant practising privileges policy at BMI Woodlands Hospital. The Resident Medical Officer (RMO) also did not write a daily review in the care record.
- We found inconsistent recording of National Early Warning Scores (NEWS) which had also been identified

in the hospital audit performed by nursing staff. An action plan was put in place at the time of inspection to improve accurate recording of patients' physiological observations. The NEWS is a tool that can help clinical staff identify the deteriorating patient.

- We noted that some carpeted areas in single rooms were discoloured. It is recommended in the Department of Health, Health Building Note (HBN) 00-09 'Infection in the Built Environment' that carpets are not used in clinical areas. Where used, a risk assessment must be in place with involvement of infection prevention and control. BMI Woodlands Hospital had a risk assessment in place and the issue was included in the risk register

## Incidents

- Nursing staff described a clear process for reporting incidents. Without exception, staff told us they felt that the hospital was safe.
- There had been no never events and two serious incidents at BMI Woodlands Hospital prior to the time of inspection. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- In twelve months prior to the time of inspection (February 2015 – January 2016) there had been 310 clinical incidents and 87 non-clinical incidents reported at BMI Woodlands Hospital. There were 255 low harm, 12 no harm and eight moderate harm incidents in total reported by the surgical ward, day unit, theatres and endoscopy. There were no specific patient safety trends in the data; however of these, 108 incidents related to day case patients requiring overnight care before discharge and 73 related to cancellation of surgery for clinical (29) and non-clinical reasons (44). All cancellations were rescheduled within 28 days where clinically appropriate. Investigations were carried out and systems were in place to cascade lessons learned where required.
- There was an electronic system for incident reporting in place with a function to allow grading of harm from reported incidents. Staff completed a hard copy incident form and the incident was reported to the senior nurse on duty. Information from the paper copy was entered onto a database by delegated administrative staff.

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- The duty of candour is a legal duty on healthcare providers that sets out specific requirements on the principle of being open with patients when things go wrong. We did not see that the current grading system for actual harm triggered application of the duty of candour regulation and this was not required by the BMI Being Open and Duty of Candour Policy V2.1, April 2015. The electronic incident form had a section to indicate the duty of candour had been applied, however this was a new development and was not yet fully embedded in practice. No staff at the hospital had received formal training on the duty of candour regulation at the time of inspection. Policy stated that: “There will be no specific formal training on this policy except where a specific training need has been identified, for example for senior clinicians and managers who will need to support the Being Open/Duty of Candour process”. However, we saw evidence that there was a strong culture of being open and honest with patients amongst all staff groups and grades of staff. We saw examples of thorough investigation and communication with patients when surgical incidents had occurred in BMI Woodlands Hospital. We saw an example of an apology letter to a patient after a serious incident in theatre.
- Staff we spoke with told us that they were encouraged to report incidents and that the senior team managed them well. Staff told us that any lessons from incidents were shared and we saw evidence of this in practice at the daily communication meeting, team meeting minutes, clinical governance minutes and action plans from serious incidents.
- We spoke with consultant surgeon staff who gave differing accounts of the process of learning from patient safety incidents at the hospital. Following a ‘wrong site pain relief injection’ incident the approach to conducting the safety brief in theatre changed to improve the level of communication and safety across the whole team. It was reported that a contributing factor to the incident was that the surgeon was not present during the safety brief. During the inspection, we observed the revised approach being followed. In one case, however, we observed a surgeon in the scrub room and therefore not present while the safety brief was carried out prior to the case starting. On review with staff during inspection and at the unannounced visit, we

were told that this was not normal practice and that the briefing would normally be stopped until all the team were present. The incident was addressed with the relevant surgeon after the inspection.

- There were no deaths at the hospital in the previous 12 months. Two unexpected deaths had been appropriately notified to CQC that had occurred following discharge. There were no regular mortality reviews undertaken at the hospital but the hospital liaised with the appropriate agencies to investigate deaths when required to do so.

## Safety thermometer

- The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing preventable patient harm-free care. It focuses on four avoidable harms: pressure ulcers, falls, catheter-associated urinary tract infections (CAUTI), and assessment and treatment for preventing venous thromboembolism (VTE). We noted that there had been nil ‘no harm’ incidents reported in the safety thermometer at BMI Woodlands Hospital from September 2015 until February 2016.
- Senior management monitored performance against quality in all these areas and communicated the outcomes to ward and department staff. Monitoring and analysis of incidence of harm free care was described in their ‘dashboard’, safety thermometer data submission and hospital quality indicators. Results were not displayed to the public. The display of overall quality performance percentages displayed at the entrance to the main ward was based on patient satisfaction data. It was not clear how visitors to the hospital would be assured of quality or performance against specific avoidable harms.
- We found incidence of two venous thromboembolisms (VTE) in 2015. We noted that in both cases, the VTE risk assessment was documented and the prescribed prophylaxis treatment was given. 100% of VTE risk assessments had been performed in 2015/2016 according to the hospital audit. Our review of 13 case notes confirmed that the patient VTE risk assessments were carried out at pre-assessment or on admission, with a second assessment during the hospital stay documented on the medication prescription chart.

## Cleanliness, infection control and hygiene

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- The 'Infection Prevention and Control Annual Plan' (2015) detailed the activities to ensure the hospital met the requirements of the Department of Health, Hygiene Code of Practice.
- The hospital had infection prevention and control policies and a team. Quarterly infection prevention and control committee meetings were held. There were links to the infection prevention and control team and microbiology at a North Tees and Hartlepool NHS Trust and we noted discussion of any infection control issues in minutes of meetings. A comprehensive annual report was published and available on the BMI Woodlands website.
- All wards, theatres and patient areas were clean and we saw staff wash their hands and use hand gel between treating patients. Separate hand washing basins, hand wash and alcohol hand gel dispenser were available with good display of information about infection prevention and control.
- Infection control audits were completed monthly and results were made available to staff. Hand hygiene, mattress cleaning, sharps and cannula audits were recorded at a range of frequencies with positive results.
- The hospital reported two surgical site infections in orthopaedic surgery. These numbers were low (0.03%) compared with the total number of surgical operations completed.
- There were no reported cases of clostridium difficile (C. Diff), Methicillin-resistant Staphylococcus aureus (MRSA) or Methicillin-sensitive Staphylococcus aureus (MSSA) between October 2014 and February 2016.
- All patients undergoing surgery were screened for MRSA and procedures were in place to isolate patients when appropriate in accordance with infection control policies.
- Staff received infection prevention and control training. 100% of staff had attended as part of annual mandatory or induction requirements.
- Staff adhered to uniform policy. The staff changing facilities in theatres were found to be clean and organised and we noted good compliance with the bare below the elbow policy.
- Patient Led Assessments of the Care Environment (PLACE) audits were conducted annually. These rated

the hospital as 100% for cleanliness (national average 97.25%) February to June 2015. These assessments apply to hospitals, hospices and day centres that provide NHS funded care.

## Environment and equipment

- The surgical department had a reception area and nurses' station that was central to the main surgical bed areas, pre-assessment clinic and theatre.
- We observed that most ward areas and some single rooms were carpeted. Some discolouration of carpet in heavy traffic areas was observed but it was visibly clean. Nursing and domestic staff told us that it was difficult to maintain clean carpets in clinical areas; however, they had good access to carpet cleaning when required. We noted the domestic cleaning schedules to include carpet cleaning. It is recommended in the Department of Health, Health Building Note (HBN) 00-09 'Infection in the Built Environment' that carpets are not used in clinical areas. Where used, a risk assessment must be in place with involvement of infection prevention and control. BMI Woodlands Hospital had a risk assessment in place and this issue was included in the risk register.
- We observed the main ward area with good single room provision and access to ambulatory care area with four single rooms and two recliner chairs. There was a further five and six bed bay and a four bed area that had been originally designed and equipped for high dependency care but was used flexibly for admissions or to monitor patients more closely when required although Level 2 care was not provided. All areas were well equipped.
- We noted that an environmental audit was performed by staff. All aspects of the audit were found to be good or satisfactory. Some issues around safety hazards or estates maintenance were identified with an action plan for improvement.
- BMI Woodlands had a service level agreement with a local NHS trust central sterile supplies department. The department complied with the requirements of ISO 9001:2008 and ISO 13485:2003 for 'the provision of a service of decontamination and moist heat sterilisation of procedure packs and supplementary items'. We spoke with the designated sterile supplies lead at the hospital, who reported that off-site arrangements for sterilisation worked well. We saw a detailed endoscopy policy and arrangements in place for training of staff.

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- There was separate 'clean and dirty' room provision for endoscopy equipment and the dedicated decontamination area met best practice standards for risk assessment, weekly water testing, machine checks and maintenance with accurate record keeping.
  - Staff we spoke with did not report any issues with the environment and told us that equipment and stock items were made available to provide safe patient care.
  - There was a single emergency trolley centrally located and easy to access by all departments on the surgical floor. Further defibrillation equipment was located in the Ambulatory Care Unit. All equipment was checked according to records we reviewed. Audit of checks were carried out by the resuscitation officer with 100% compliance.
  - All bed spaces had provision of suction equipment, piped oxygen and with emergency call facilities.
  - We checked 17 items of equipment, including observation monitoring, point of care testing equipment, electric beds, commode chairs, infusion devices and observation equipment. All items we checked had electrical equipment servicing carried out and labels were clear and in date. We noted the use of indicator tape for clean equipment. We observed evidence of monitoring fridge temperature recording in wards and theatres. The pharmacist maintained complete records and oversight of drug fridge management.
  - There was a dedicated materials management team and staff told us of improvements in materials management and stock control since 2014. These were reported in the hospital performance improvement plan.
  - There had been no sharp injuries in 2014/15. The correct use of sharps bins temporary closure mechanisms avoids sharps injuries. During the inspection we found 10 out of 10 sharps bin temporary closures remaining open when not in use. The BMI sharps policy did not outline closure as a requirement; however, an audit had identified this as an area for improvement in 2015.
- ## Medicines
- All ward and theatre areas had appropriate locked storage facilities for medicines, including controlled drugs cupboards and drug fridges.
  - The on-site pharmacy department was located on the first floor in a staff only access area close to theatre, with CCTV monitoring for additional security. The pharmacy was not signposted or accessed by patients directly. Pharmacy staff delivered medications to the ward and outpatient department areas for patients.
  - Delivery of all medicine supplies was closely monitored and delivery staff were escorted by porters to the pharmacy department, where receipt of medicines was taken by the pharmacist. The pharmacy department was well organised and had effective systems in place for stock control.
  - We noted that all drug fridges had temperature monitoring with external temperature displays that could be easily understood and replaced if required. There was assurance that drugs were being stored at consistently appropriate temperatures through daily recording of fridge temperatures. Staff were aware of the process in wards and theatres. Pharmacy staff performed monthly audits and staff made pharmacy aware of any issues through daily communication.
  - We reviewed 13 medicine prescription charts and found them all to be clear and legible. All relevant entries were complete and we noted changes by the pharmacist as appropriate.
  - The controlled drug register and order book were secure in the locked drug cupboards to maintain security of controlled stationary. This was in line with Nursing Midwifery Council (NMC) standards for Medicines Management 2015. They were checked daily, weekly and monthly by staff. The sample of entries reviewed were legible and correct.
  - The prescription of oxygen was in line with the British Thoracic Society guidance on emergency oxygen use for adult patients. Documentation of prescription was clear on medication charts and in care pathways.
  - The pharmacist performed medicines management audit and teaching for staff. Audits included: controlled drugs, missed medication doses, and turnaround times for outpatient and inpatient prescriptions. Results from audit across medicines management demonstrated a high level of compliance.

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- The pharmacist took responsibility for antimicrobial stewardship through audit and awareness sessions for staff. A quarterly audit from August 2015 demonstrated 100% compliance.
- Pharmacy staff stated they felt supported by the BMI group chief pharmacist and had opportunity to attend regional meetings to share learning from practice. They attended BMI Woodlands Hospital meetings and minutes reflected a thorough approach to medicines management.
- A draft moderate sedation policy was in place for patients receiving minor procedures in the ambulatory care unit. This was recently developed and awaited review.
- We saw good examples of BMI patient information leaflets for a range of medicines and treatments, including advice around discharge prescriptions, warfarin therapy and new medication.

## Records

- Patient care records were stored safely and securely in ward and theatre areas. The BMI current admission and historical NHS medical records and notes were stored safely and securely in trolleys in locked offices.
- We noted that the nursing file included observation charts, nursing and multidisciplinary team daily notes on the patient pathway and was stored at the patient bedside.
- Confidentiality was maintained at BMI Woodlands Hospital. Any display of surgical activity or whiteboard patient information was not in clear view of patients or visitors.
- We observed a full range of surgical patient care pathways at BMI Woodlands Hospital. They were clear and documentation by nursing staff was complete in all 23 care records we checked. Entries were compliant with Nursing and Midwifery Council (NMC) guidance.
- The care pathway format made the patient's pre and post-operative progress simple and easy to follow and directed the plan of care for patients who were day case or overnight stay. We saw evidence of how the pathways took account of individual patient needs.
- A daily entry by consultant staff in the care record was not evident during our inspection of 23 notes. Patients who stayed overnight required this to not be in breach of the consultant practising privileges policy at BMI Woodlands Hospital. At the unannounced inspection, we reviewed the case notes of 10 surgical patients treated between October 2015 and March 2016. One consultant completed daily entries for two patients but inconsistent entries for a third patient. Two consultants made no entries for three patients except one discharge note and there were no records in the nursing notes of visits. One consultant made no entries for one patient but nursing staff recorded the daily visits and two consultants made inconsistent entries for three patients with gaps up to three days noted, some of which were supported by nursing records of visits or phone calls. The RMO was not clear about these arrangements and therefore could not confirm that daily consultant review took place for all patients. The RMO did not document a daily entry in the care record.

## Safeguarding

- BMI Woodlands Hospital had a safeguarding policy and staff we spoke with were aware of how to access it on the intranet and how to seek advice if required at the hospital.
- The one safeguarding concern that had been reported in BMI within the last twelve months by the physiotherapy team had a clear action plan and a concise management plan. Information had been shared amongst staff and lessons had been learnt.
- Nursing staff were aware of the safeguarding incident and could explain their understanding of the findings and action taken. We saw evidence that lessons had been shared through the clinical governance and team meetings.
- Safeguarding training for all staff showed a target of 100% yearly refresher training of level one adult safeguarding training. We noted in the 2015 end of year training report that 91 staff had attended safeguarding adults level 1 training, and 86 staff had completed safeguarding children level 1 training. We were told that no staff were waiting to complete the training for the first time. Nine senior staff had attended level 2 safeguarding adult training and twelve had attended

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Level 2 child safeguarding training. Level 3 child safeguarding training had been attended by the director of nursing with a plan in place for another senior member of the nursing team to attend in 2016.

- Staff were aware of their safeguarding roles and responsibilities. The staff we spoke with knew how to raise a concern or issue using BMI safeguarding or whistleblowing policies.
- BMI Woodlands had a designated Female Genital Mutilation (FGM) lead as a point of contact and as per the FGM: Multi-agency practice guidelines, 2014 (revised publication April 2016: Multi-agency statutory guidance on female genital mutilation). FGM was included in the safeguarding policy.

## Mandatory training

- The compliance target for mandatory training at BMI Woodlands Hospital was 100% and this was consistently achieved. At the time of inspection, 97% staff had attended their mandatory training and the 3% of new staff who had not attended were booked into sessions. Bank staff were also required to attend mandatory training.
- Consultant staff attended mandatory training at the trust in which they were mainly employed and this was evidenced through the appraisal process. We were assured that the three consultants solely employed at the hospital had access to the BMI training system and this was reviewed in their annual appraisal or six month review.
- Mandatory sessions could be accessed on the corporate intranet using BMI Learn. A comprehensive group of sessions included: adult basic and intermediate life support, equality and diversity, control of substances hazardous to health, display screen equipment, fire safety, infection prevention and control, moving and handling awareness, blood transfusion, safeguarding adults and children and PREVENT (protecting people at risk of radicalisation), acute illness management (AIMS), information governance and waste management.
- Staff confirmed they were allowed protected time to complete mandatory training including attending annual resuscitation and scenario training. We were told

by staff that training was delivered in a blended programme of online workbooks and face-to-face sessions. All staff we spoke with felt that they were encouraged with their professional development.

## Assessing and responding to patient risk

- Patients admitted to BMI Woodlands Hospital were assessed for admission suitability by their consultants. Patients were assessed using a risk stratification system in line with local and national guidelines. Consultant staff we spoke with confirmed this practice was in place. The admission criteria applied to patients were clear to pre-assessment clinic staff. The pre-assessment processes were embedded and included pre-operative MRSA screening. There was a detailed BMI group pre-assessment policy.
- We observed a good range of risk assessments in the care records. Care records we selected at random were complete. Risk assessments included: falls, nutrition, pain, venous thromboembolism (VTE) and pressure ulcer assessment. VTE risk assessment had been included into the medication chart to support prescribing.
- We observed structured safety briefs in theatre that involved support staff, nursing, operating department practitioners (ODP's), surgeons and anaesthetists.
- A National Early Warning Score (NEWS) system had been implemented to support the recognition and management of the deteriorating patient. Registered nurses and healthcare assistants had all attended the AIMS course. The process for escalation was clear on the NEWS observation chart. Staff spoken with sought advice from the resident medical officer (RMO) or consultant if they had concerns about their patient or when the NEWS score triggered escalation of care. Escalation policies and transfer arrangements for the deteriorating patient were clear to all staff. However, ward staff performed regular audits of compliance with NEWS and results had shown that staff had been inconsistent in recording NEWS observation from October 2015 to the time of inspection. We spoke with the senior nurse in the ward who told us that the results had been investigated and found HCA staff were not recording patient temperatures. We were told that this was due to a lack of equipment rather than a lack of understanding. An action plan to provide refresher

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training sessions on the NEWS tool for all nursing staff, increased frequency of audit to improve compliance and purchase of additional thermometer equipment was put in place during the inspection visit.

- There was a transfer out protocol in place with the local NHS trust. From October 2014 to September 2015 there were 13 unplanned transfers to local NHS hospitals, (Average rate of 0.2% per 100 inpatient discharges), and of these, three received Level 2 care and the remaining cases received Level 1 care at consultant request with no themes or trends identified.
- There had been low incidence of surgical patients requiring a blood transfusion at BMI Woodlands Hospital. Staff performed pre-admission and assessment testing of surgical patients and nurses were trained to administer blood products if required. A policy included guidance on all aspects of care of patients receiving blood transfusion. There was a blood fridge for emergency access and use. Hospital management were assessing the amount of emergency blood that should be stored on-site as part of a cost saving programme. This decision would not affect the access to blood transfusion for patients in an emergency but would reduce overall waste of blood products.
- Hospital staff regularly audited compliance with completing the 'five steps to safer surgery' World Health Organisation (WHO) surgical safety checklist in operating theatres. The WHO checklist outlines a core standard of safety checks, identified for improving staff performance at critical points in the surgical care pathway. We reviewed the WHO checklists in 13 case notes of which all were fully completed. Local audits also demonstrated 100% compliance and there was a WHO surgical safety champion in place.
- We observed good compliance by all staff with the team WHO safety briefing when we visited theatres with the exception of one instance where we observed a surgeon in the scrub room and therefore not present whilst the safety brief was carried out prior to the case starting. On review with staff during inspection and at the unannounced visit we were told that this was not normal practice and that the briefing would normally be stopped until all the team were present. The incident was addressed with the relevant surgeon after the inspection and feedback was sent to staff as a reminder of good practice.

- There was a Resident Medical Officer (RMO) on site at the hospital 24 hours a day and 7 days a week and they were aware of processes for escalation of care or transfer out to local NHS hospitals. They had attended additional training to support their management of medical emergencies.
- Scenario training arranged by the resuscitation officer and clinical staff had been carried out during the past six months and staff told us that they had been involved in a number of scenarios. We saw action plans in minutes of meetings to support improvement from the outcomes of scenarios. This approach and the learning from outcomes was viewed as a positive experience and valued by staff.
- Emergency call buzzer systems were evident throughout the ward and theatres, with a designated cardiac arrest team and system in place. Physiotherapy staff provided pre-discharge assessments in a stairwell area with no immediate access to the alarm system; however, practice was changed and physios worked in pairs to avoid the risk of being unable to get help if patient was unwell during the assessment.

## Nursing staffing

- The hospital used the BMI Healthcare nursing dependency and skill mix tool as a guide to assist staff to assess required staffing levels. The tool was used to plan the skill mix required five days in advance, with continuous review on a daily basis. The actual hours worked were entered retrospectively to understand the variances from the planned hours and the reasons behind these.
- We saw display of actual and planned staffing at the entrance to the main ward. We observed the current rota and two past months' rotas in theatres and ward areas and there were no areas for concern. Ward and theatre staff told us that they were usually busy and activity had continued to increase across the seven-day week.
- There was regular use (average 18% in 2014/15) of agency staff in theatres. We observed a good system for orientation and local induction of agency staff which included a comprehensive record of competency. All agency staff were regularly employed and known to the team.

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- There was a lower vacancy rate in the ward of up to 6% compared to theatres (20%). Both departments showed a low level of sickness (below 2%). There was good retention of nursing staff in 2015.
  - BMI Woodlands Hospital had its own arrangements for a nurse bank. Student nurses that worked on the bank as healthcare assistants had been employed as staff nurses after qualifying.
  - Nurse handovers occurred three times a day. We observed a morning and midday handover during our inspection visit. Shared information was clear, with discussion around individual patient's needs and risks and the plan for their hospital admission and discharge.
  - The ward and theatre manager were supernumerary to the staffing figures and covered shortfalls if necessary to ensure safe patient care. It was clear that nursing staff worked flexibly to cover any shortfalls in staffing levels.
  - There were formal on-call arrangements for theatre staff to cover out of hours should an unplanned return to theatre be required.
  - All staff received a structured induction programme and new staff we spoke with felt supported on joining the organisation.
  - Nursing staff attended resuscitation training as part of mandatory training. All staff were up to date with basic and intermediate life support. Nurses also attended the acute illness management (AIMS) course and had access to regular scenario training as part of the multidisciplinary team with support of the resuscitation officer.
  - At the time of our inspection, the outpatient nurse manager had been acting deputy of nursing for eight weeks. The substantive director of nursing was on secondment within the BMI hospital group. Nursing staff we spoke with were very positive about both senior nurses and felt well supported.
- Woodlands Hospital. They were mainly employed by nearby NHS trusts, with the exception of three consultants who were solely employed by BMI. The executive director held information for every consultant.
- The Medical Advisory Committee had oversight of practising privileges arrangements for consultants and we saw evidence in the minutes of decision-making for renewing or granting privileges. A new practising privileges policy was being introduced. New consultants attended the hospital for an induction visit. A programme of essential information about practising at the hospital was given to the consultant and the checklist signed off by the consultant and executive director.
  - There was a resident medical officer (RMO) onsite 24 hours a day, 7 days a week on weekly rotation with a Monday handover. The hospital employed two RMO's through an agency. There was provision of an on-site residence for the RMO.
  - The RMO on duty at the time of inspection had been in post seven months, had received induction with the agency for one week and a further week of shadowing and induction at BMI Woodlands Hospital. We were told by the RMO that the induction process was good and covered mandatory training and orientation as part of a checklist. We did not see the RMO induction checklist at the time of inspection.
  - RMOs must have Advanced Life Support (ALS) and Paediatric Advanced Life Support (PALS). At the time of our inspection; both RMOs had ALS and PALS; these courses had been delivered on induction by the recruitment agency.
  - The RMO we spoke with had gynaecology surgical experience. The second RMO had orthopaedic training, and both worked across all specialities in the hospital.
  - Staff we spoke with described the procedure for on-call arrangements for anaesthetic or surgeon consultants out of hours. When the RMO, consultants and nursing staff needed to seek advice or support out of hours, they contacted the patient's consultant in the first instance. Consultants were expected to be no more than 30 minutes away according to their practising privileges. If a consultant was aware that they would be absent they

## Medical staffing

- All patients were admitted under the care of a named consultant. There were 145 consultants with practising privileges to provide surgical care for patients at BMI

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informed key senior staff at the hospital in writing and confirmed their cover arrangements. We saw an example of this system in practice. This was also part of the practising privileges policy.

- Hospital staff had access to contact details for all consultant staff and there had not been any problems reported with this arrangement. It was noted that consultant anaesthetists and surgeons were on the hospital site in theatre from 8am until 8pm Monday to Friday and on most weekends.
- The RMO and nursing staff raised no concerns about the support they received from consultants or their availability out of hours. They reported excellent working relationships and good communication about patient care and treatment plans. The RMO told us that they were able to attend the clinical governance meeting but we did not see evidence of their attendance in the minutes.
- The RMO attended the morning and evening nurse handover as often as possible but we were told this was inconsistent. The RMO received patient information from nursing staff throughout the shift and from consultants before they went off duty.

## Major incident awareness and training

- The hospital had an overarching business continuity policy put in place by the corporate BMI team. Staff we spoke with were aware of this policy and could describe how they would access this in an emergency. Staff had been involved in test scenarios as part of preparation for maintaining business continuity.

## Are surgery services effective?

Good 

We rated effective as good because:

- We saw a range of evidence based policies and standard operating procedures in theatres and the ward. Patients were treated based on national guidance, standards and best practice.
- Surgical services participated in national clinical audits and reviews to improve patient outcomes. Outcome data for orthopaedic and general surgery compared

favourably with national average in 2015. This included length of stay, patient re-admission to hospital, return to theatre rates, and un-planned transfers to other NHS hospitals.

- Staff reported effective multidisciplinary working and communication. However, there was no evidence of a formal multidisciplinary meeting to discuss patient care, treatment plans or discharge arrangements.
- Patients received care and treatment from competent staff and there was evidence of systems to ensure annual appraisal.
- Post-operative fluid balance records and nutritional risk assessments were fully completed in the case notes reviewed. Staff did not perform patient fasting audits.
- Patients we spoke with had no complaints of pain. Recent survey and audit results had led to improvement in the management of pain control in patients having cosmetic surgery. Improving information and expectations at pre-assessment and revising discharge home prescriptions for pain relief had been implemented with better responses from patients.
- However we noted inconsistency in the completion of all elements of the consent form and consultants consent processes were variable during our inspection. We reviewed consent forms during our announced and unannounced inspection. Consent was not in line with national guidance from the General Medical Council and Royal College of Surgeons and was not monitored by BMI Woodlands hospital staff.
- There was a hospital designated lead for MCA and DoLS and staff we spoke with had a good awareness and all staff had attended mandatory training.

## Evidence-based care and treatment

- BMI care pathways were based on national guidance from the National Institute of Health and Care Excellence (NICE), the Association of Anaesthetics, Great Britain and Ireland and the Royal College of Surgeons. Care pathways for specific procedures were used for all patients undergoing surgery.
- We saw evidence that a medical device and breast implant register was in place and completed for each surgical implant.

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- BMI group policies were written in line with national guidelines and review dates were clear. The cycle for review was generally two or three years or if national guidance or services changed.
- The hospital took part in all the national clinical audits for which they were eligible. These included, patient reported outcome measures (PROMS), National Joint Registry (NJR), The Medicines and Healthcare Products Regulatory Agency (MHRA) for pathology, ionising radiation protection regulations IR(ME)R, Commissioning for Quality and Innovation, (CQUINS), and National Confidential Enquiry Perioperative Deaths (NCEPOD). The arrangements for cosmetic surgery were in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Practice.
- The endoscopy unit had been recently established in the ambulatory care unit and there were plans for Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation as part of planned expansion of ambulatory care services at BMI Woodlands Hospital.
- A programme of audits was carried out by nurse managers and outcomes reported to the Clinical Governance Committee. The audit of medical records, care pathways, infection control, completion and management of NEWS scores, surgical site infections, and pain control was observed. Results that were available showed good performance and improvement plans in place when needed which were reported to the clinical governance committee.

## Pain relief

- We saw evidence of pain relief being prescribed and administered safely to patients before during and after surgery. Where care pathways were used this was pre-planned.
- There was a pain assessment tool in the care pathways and on the observation charts. They were complete in the 10 assessment records we reviewed.
- Pain management audits were carried out by the ward manager and nursing staff. Recent satisfaction surveys and audits had identified inadequate pain control in some patients having cosmetic surgery. This had been addressed with evidence of better results by improving information and expectations at pre-assessment and revising discharge home prescriptions for pain relief.
- We spoke with 10 patients recovering from a range of surgical procedures. Patients told us that they had good pain control.
- The hospital patient satisfaction survey measured post-operative pain relief with patients and this showed 100% of patients believed their pain relief needs had been met.

## Nutrition and hydration

- Patients had a nutritional assessment at pre-assessment or on admission. The Malnutrition Universal Screening Tool (MUST) was used to screen patients.
- The MUST tool was in place and documented in the care pathway records. These had been completed accurately in 13 records we checked at random.
- There was no evidence to suggest that patients experienced longer fasting times than required for their surgical procedure; however, we did not see monitoring or audit of fasting times for patients during our inspection. There was a detailed information leaflet given to patients informing them of fasting procedures.
- We saw evidence of fluid balance recording for patients, including any intravenous fluids given intra or post operatively and charts were calculated and complete in 13 records we checked. Staff we spoke with were knowledgeable about the need for accurate fluid balance and hydration in post-operative patients.
- The catering arrangements at BMI Woodlands Hospital had been outsourced in 2015. There was no impact from changes reflected in patient satisfaction scores, which had remained consistently positive. We observed a protected mealtime and the 10 patients we spoke with were happy with the catering. A variety of hot and cold food was available. There was good choice for patients including vegetarian, gluten-free, lighter options and multi-cultural food choices.

## Patient outcomes

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- There were 6,633 visits to the theatre between October 2014 and September 2015 and 16 cases of unplanned return to theatre during the same period which is 'similar to expected' for independent acute hospitals.
- The standardised 30-day emergency readmission rates were similar to expected for hernia procedures, hip replacement procedures and knee replacement procedures compared to other independent hospitals.
- Between October 2014 and September 2015, the hospital reported 13 (0.2% per 100 inpatient discharges) unplanned transfers of inpatients to an NHS hospital. The proportion of unplanned transfers to another hospital was better than expected and cases of unplanned transfers were discussed at clinical governance meetings.
- The hospital outcomes for the Patient Reported Outcome Measures (PROMS) 2015 for hip replacement and knee replacement primary scores showed the percentage of patients that had improved for each procedure was 'comparable' to the England average.
- BMI Woodlands Hospital had a commitment to an enhanced recovery programme for most patients who attended for surgery. This involved thorough pre-assessment, use of regional pain blocks for pain control and early mobilisation post-surgery. This was noted to have an impact on patient length of stay (LOS), and it was reported that LOS post total hip replacement was 2.2 days (better than the NHS national average). Similarly, the LOS for total knee replacement was 2.4 days (also better than average). There had been consistent annual reduction of LOS across all surgical procedures, the 2014 BMI annual report detailed a LOS of 1.78 days, compared with 2009 of 5.1 days in hospital.
- BMI Woodlands Hospital was eligible to take part in the National Joint Registry (NJR). This audit monitors the performance of joint replacement implants over time. All patients who have a hip or knee replacement should be submitted to this. Patients must consent to participation and quarterly recorded consent rates were reported as BMI Woodlands as poor, (64%) in 2013/14, with a plan for improvement in 2015/16.
- Senior staff told us that any trends or deviation in outcome data would be investigated by BMI Healthcare's Group Medical Director and National Director of Clinical Services. We saw examples of this during the inspection. One example we found was an outlier in the PROMS data for hip replacement. The issues that led to the change in otherwise consistent data had been identified and we were assured that this was managed well to avoid future outlier data. Advice would be taken with the Medical Advisory Committee chair and discussion would take place with the relevant consultant.
- In the reporting period from October 2014 to September 2015 there had been 23 un-planned re-admissions (average rate of 0.35% per 100 inpatient discharges). The majority of readmissions were related to wound management. The clinical governance committee reviewed all cases.
- Senior staff told us that BMI Healthcare is working with PHIN (Private Healthcare Information Network) to look at improved reporting of patient outcomes in independent healthcare particularly in the way data is compared.

## Competent staff

- For the reporting period October 2014 to September 2015 ward and theatre qualified and support staff had an average 75% appraisal compliance. The RMO was not clear about the arrangements for appraisal.
- We spoke with seven nursing staff during our inspection visit and they told us that they were supported to develop professionally and had opportunity to attend internal and external courses and training.
- Nursing staff were supported with the pending revalidation process and there was a series of modules on the e-learning system: 'BMI Learn'. This e-learning was based on the NMC programme and we saw evidence of those nurses who had completed or were scheduled to complete the course.
- Staff told us that the BMI vision and values were a clear part of the appraisal paper system. There had been a recent change to an electronic system and staff had to complete their own objectives section prior to a one to one meeting with their manager. The theatre manager told us that the new system was working well.
- Systems were in place for revalidation of medical staffing and for the effective management of doctors' practising privileges which included contributing to their annual appraisal. Appraisals were based on GMC

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guidance and completed by a medically qualified appraiser. The hospital team worked closely with medical directors at nearby NHS trust hospitals and provided performance and activity information to inform consultant appraisal.

- There were three consultants without NHS contracts. The corporate medical director was the revalidation officer for these consultants and their appraisal was carried out by consultants in BMI with appraisal training.
- The RMO had no relationship with the Medical Advisory Committee (MAC). During our inspection and after discussion with staff, it was not clear what the arrangements for supervision of medical practice were for the RMO. The RMO was supported by nursing and management staff, had been allocated a surgeon as a mentor and had daily communication with consultant colleagues; however, the RMO did not have the same opportunity as other staff for structured professional development or appraisal within the BMI Woodlands Hospital.
- We saw evidence that the executive director withdrew practising privileges in line with policy in circumstances where standards of practice or professional behaviours of consultants were in breach of contract. Fitness to practice issues for consultants were assessed by the Director and by the Medical Advisory Committee. We saw evidence that any consultant competency issues or incidents were discussed with the appropriate senior manager from the employing NHS Trust and that practice was suspended until issues were resolved.
- Nursing staff were supported with the pending revalidation process and there was a series of modules on the e-learning system: 'BMI Learn'. This e-learning was based on the NMC programme and we saw evidence of those nurses who had completed or were scheduled to complete the course.

## Multidisciplinary working

- BMI Woodlands Hospital employed physiotherapists and pharmacists, as well as assistants and technician staff to provide a comprehensive service. During our inspection, we saw staff working well together to deliver care to patients. Staff we spoke with enjoyed their role at BMI Woodlands Hospital and spoke positively about

their experiences and the support they received from senior staff. Nursing staff told us that they had good access to and relationships with the multidisciplinary team (MDT).

- We saw separate handovers from nursing staff to other healthcare professionals. There was no evidence of a formal MDT meeting or handover and staff we spoke with did not feel that this was required.
- Staff would contact the patient's general practitioner if a specific referral was required to a dietician, speech and language therapy, diabetic or respiratory support for discharge home; however, this was not often required.

## Seven-day services

- BMI Woodlands Hospital cared for patients 24 hours a day, seven days a week. We noted during our inspection that theatre one and two activity was planned for seven days a week routinely. Theatre lists commenced at 8.30am and often finished after 8pm. The Ambulatory Care Unit in theatre three followed a similar schedule, with the exception of weekend working, at the time of inspection.
- Additional theatre activity was planned for Saturday and Sunday for NHS waiting list initiatives. We were told that staff would volunteer to work additional shifts and rotas were consistently managed.
- An RMO was available 24 hours a day, 365 days a year on weekly rotation and would see all patients in the hospital every day. Consultants provided 24-hour on-call (off-site) cover for their patients in accordance with the Practising Privileges Policy.
- Pharmacy staff were available on-site during the week and staff we spoke with told us of the system to access pharmacy out-of-hours. The need to access out of hours was minimal as most medication needs were planned. The RMO and senior nurse in charge could access pharmacy as per policy if required. This arrangement for two senior members of staff accessing pharmacy provided assurance around security and safe storage of medicines.
- The hospital's radiology services were available 24 hours a day for surgical inpatients and routinely 8am to 5pm Monday to Friday and Saturday morning.

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- The physiotherapy team were available at weekends as required but provided ward support Monday to Friday.
- Consultants with admitting rights had access to admit patients directly to the ward and staff we spoke with told us this occasionally happened out of hours. Patients that were admitted were never those with complex issues and examples were given of direct private admissions arranged by consultants.

## Access to information

- Staff, including bank and agency staff, had easy access to policies, procedures and guidance through the hospital intranet, and through paper copies that were noted to be in date.
- We saw a range of care pathway records, which contained all of the information staff needed to deliver effective care and treatment and included risk assessments, care plans and medical notes.
- Assessment for patient discharge arrangements were started during the pre-assessment process. There was an electronic discharge letter system and we saw discharge letters were completed appropriately. The hospital shared relevant information with the patient's general practitioner, other relevant healthcare professionals and a copy was given to the patient.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Most patients gave consent to treatment during face to face pre-assessment; however we observed inconsistent consent practice during our inspection and two consultants took consent from their patients on the morning of their admission, or immediately prior to their surgical procedure. This is not in line with national guidance from the General Medical Council and Royal College of Surgeons. We did not see evidence of monitoring consent processes at BMI Woodlands hospital and could not be assured that national guidance and good practice was being followed by all staff.
- Patients having surgery at BMI Woodlands Hospital would be directed to an online consent resource and a hard copy leaflet to support the informed consent process.
- We reviewed six consent forms and saw these were all signed appropriately by patients, consultants and

nursing staff. In two of these consent forms, we observed the details not to be complete for type of anaesthetic, need for blood transfusion and indication if the patient had received their information leaflet.

- A further ten consent forms were reviewed at the unannounced inspection. One recorded an abbreviation for the procedure. Three out of ten indicated whether the patient accepted or refused a copy of the form. Two had a sticker describing risks applied that obstructed the section that indicated whether a blood transfusion or further procedures would be required. One did not indicate the type of anaesthetic for which consent had been given and there was no evidence of a second stage consent being obtained when there was a significant gap between the original consent being obtained and the date of the surgery.
- Seven patients we spoke with confirmed they had received good information about their procedure and the risks and benefits of surgery to enable them to make an informed choice. However, none of the consent forms documented that information on the procedure had been provided to the patient.
- Care pathways had a section to complete by staff to ensure consent was complete and this was part of the theatre checklist procedure.
- The hospital used BMI Healthcare corporate policies to guide practice in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).
- There was a hospital designated lead for MCA and DoLS. All staff had received MCA training including a DoLS session provided by an external trainer.
- We did not see any examples of capacity assessment or best interest decisions during our inspection.

## Are surgery services caring?

Good 

We rated caring as good because:

- We observed patients being treated with compassion and respect throughout our inspection.

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- The patients told us that they ‘couldn’t fault the staff’ and that ‘no request was a problem’, and they ‘couldn’t do enough’.
- We observed the dignity and privacy of patients being respected.
- We received 91 comment cards during the inspection, all of which contained positive comments about the standard of care, support and attitude of staff.
- Information about patient experience and satisfaction with care, services and treatment demonstrated that 98.6%-100% of all patients would recommend the service and staff to friends and family.
- In 2015 the hospital implemented a ‘Patient Environment and Improvement Group’ (PEIG) on which, patient representatives and members from the local Health Watch Board sit. This group meets quarterly and seeks to make improvements in line with patient feedback and observations.

## Compassionate care

- We observed patients being treated with compassion, dignity and respect throughout our inspection. Staff were courteous and helpful in all roles. All staff we met during inspection were approachable and friendly. We observed staff introducing themselves by name to patients and patients we spoke with knew the names of staff that were caring for them.
- We observed staff discretion in the communication of information and we observed handovers, which maintained patient confidentiality.
- We observed staff attending to nurse calls in a prompt and caring manner.
- BMI Woodlands took part in the Friends and Family Test for measuring patient experience and satisfaction. The response rate (n90) was reported as low; however, it was very positive as reported in December 2015. 98.6%-100% of all patients would recommend the service and staff to friends and family.
- BMI performed monthly patient satisfaction survey through an independent third party and prompted responses around arrival processes, nursing care, environment, catering and discharge arrangements.

Results were ‘very good’ or ‘excellent’ and where improvements could be made, these were identified and actioned, such as upgrade in decoration in patient rooms, new TVs and WIFI access for all patients.

- Nursing staff had started to collect patient’s’ views on their experience with the ambulatory care service. Comment cards were given to patients and we saw three completed on the day of inspection that were very positive. Nursing staff told us that they had ‘fantastic feedback’ from patients.
- We received 91 comment cards during the inspection, all of which contained positive comments about the standard of care, support and attitude of staff. Examples of comments included: “Customer care from consultant doctors, nursing staff and all unit staff caring and compassionate and so understanding”, “My physiotherapist is phenomenal with my treatment and improves my standard of living”.

## Understanding and involvement of patients and those close to them

- Patients we spoke with were complimentary about the staff without exception. They told us that they felt informed and involved in their care and treatment. We observed patients in theatres and the anaesthetic room being given information in a way that would alleviate any anxiety or concern.
- The reception staff in the main ward area were helpful, friendly and professional. They gave the patients attending the ward the information they needed and communicated promptly with the ward staff any arrival of patients for admissions.
- The senior nurses were visible and available in a clinical and supervisory role in theatres and the ward area. Patients and relatives could speak with them as needed.
- Patients said they felt involved in their care and they had been able to speak with the consultant looking after them before and after their surgery. One patient commented: “Physio staff listened to me and gave excellent advice”.
- A recent CQUIN initiative included a plan to improve the experience of patients who are carers when they require hospital treatment at BMI Woodlands Hospital. This had not yet been implemented at the time of inspection.

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- There was evidence in care pathways of individual assessment of patient needs related to family support and involvement of carers or relatives in patient care.
- We saw clear information and instructions given to patients on discharge.
- In 2015 the hospital implemented a 'Patient Environment and Improvement Group' (PEIG) on which, patient representatives and members from the local Health Watch Board sit. This group meets quarterly and seeks to make improvements based on patient feedback and observations.
- Weekend and evening services were accessible for patients. Consultants worked flexible to meet the needs of their patients.
- The development of the Ambulatory Care Unit from October 2015 had provided additional capacity for surgical procedures across the theatre facilities. This was working well and staff we spoke with anticipated the potential for a planned expansion of ambulatory care services at BMI Woodlands Hospital.
- The incidence of emergency transfers to NHS trust hospitals and readmissions to the BMI hospital was as expected. The incidents were well managed and monitored.

## Emotional support

- We observed staff spending time talking to patients and encouraging them with their recovery from surgery and procedures. We did not observe any information about specific support services for patients in the ward area.
- A patient and his relative told us that they had been involved and informed about all aspects of care and treatment. A discharge plan had been individualised to provide support as the patient lived in Cumbria. We were told that the consultant had been available to speak with and had answered questions thoroughly to help reduce concerns.
- The process for complaints was clear and managed in line with the hospital policy. Most complaints were shared across staff meetings, however the documented outcomes could better demonstrate that planned improvement actions were completed and shared with all staff.

## Service planning and delivery to meet the needs of local people

- BMI Woodlands Hospital had developed an expansion plan due to increasing capacity constraints in theatre and outpatients. They also aimed to use bed capacity more effectively by using consistent care pathways and expanding ambulatory care.
- There were effective arrangements in place for planning and booking of surgical activity including waiting list initiatives through contractual agreements with the clinical commissioning group.
- Staff held a daily 'comms cell' meeting to discuss safety issues as well as patient flow, consultant cover arrangements and the availability of beds in the hospital.
- Ward nursing staff and the nurse manager reviewed planned patient discharges in handovers and throughout the shift to assess on-going availability of beds. At the time of our inspection, there were no pressures on the numbers of beds available but there was an aspiration to expand the facilities to provide additional services.

## Are surgery services responsive?

Good 

We rated responsive as good because:

- There were effective working relationships with local NHS trusts, which supported the planning of surgical services.
- During this inspection, we saw good examples of support given to patients with individual needs. Staff were able to arrange overnight stay for carers and provide additional support staff. Staff we spoke with told us that this occurred infrequently.
- The hospital exceeded the overall referral to treatment targets (RTTs) of 90% of patients admitted for treatment from a waiting list within 18 weeks for the reporting period and 92% of incomplete admitted patients.

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- During our inspection and in our focus group activity it was clear that there were good relationships with local NHS trust hospitals and the local clinical commissioning group.
- Patients we spoke with felt able to approach staff if they felt they needed any aspect of support. There was access to specialist nursing advice services through individual consultants, for example, cosmetic surgery support services provided by specialist nursing staff external to BMI Woodlands Hospital.

## Access and flow

- In 2014/15, there were 6287 inpatients of which 4339 were day case and 1948 were overnight inpatients. Approximately 70% of admissions were NHS and 30% were privately funded. The majority of the admissions were orthopaedic (1549) followed by ophthalmology (825) gynaecology (153) general surgery (125) and cosmetic surgery (119).
- There had been a significant rise in surgical activity since 2007, from 3671 to 6604 total day case and inpatient cases.
- There was a dedicated pre-assessment team at BMI Woodlands Hospital from November 2015 to the time of the inspection 82-95% of patients received pre-assessment. Pre-assessment was available for most surgery performed at BMI Woodlands either in face-to-face appointments or using the telephone.
- Any issues concerning discharge planning or other patient needs were discussed and documented at the pre-assessment stage.
- The hospital achieved the overall referral to treatment indicators of 90% of patients admitted for treatment from a waiting list within 18 weeks for the reporting period. It also achieved better than the indicator of 92% of incomplete admitted patients beginning treatment within 18 weeks of referral in the reporting period.
- There were 29 cancellations of surgery for clinical reasons between February 2015 and January 2016. The reasons included an increased BMI, increased ASA (perioperative physical status score, American Society of Anaesthetists) and recent epileptic fit. In addition, there were 44 cancellations of surgery for non-clinical reasons including unavailability or failure of equipment and lack of theatre time. Where appropriate, all cancelled surgeries were rescheduled within 28 days.

- In the reporting period from October 2014 to December 2015 there were 18 unplanned transfers (average rate of 0.2% per 100 inpatient discharges), of these, five received Level 2 care and the remaining cases received Level 1 care. There were 27 cases of unplanned readmission within 29 days of discharge (average rate of 0.35% per 100 inpatient discharges). The majority of readmissions were related to wound management.
- In the event of a transfer out, the consultant organised admission under the Service Level Agreement (SLA) in place with the local NHS trust to receive emergency patients.

## Meeting people's individual needs

- We spoke with staff and they told us of examples where they had been responsive to the needs of patients living with dementia and learning disabilities. People with these needs were supported by open and overnight visiting arrangements for carers and additional staff if required. However, this service was rarely required for patients admitted to BMI Woodlands Hospital.
- We saw suitable information leaflets were available in easy read formats and described what to expect when undergoing surgery and postoperative care. These were available in languages other than English on request.
- There was a range of specific discharge advice leaflets that were given to patients to support their recovery. Patients were encouraged to call the hospital for follow-up or advice.
- Wards had access to interpreters as required, any requests for interpreter services were identified at the pre-assessment meeting. This service was rarely required.
- The environment and provision of single rooms with television and en-suite bathroom facilities met individual patient's expectations of private healthcare facilities.
- We were told of examples of patients being admitted with early stages of dementia for surgery and pre-assessment documentation confirmed their care

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was planned to meet individual needs, for example family had been encouraged to access open visiting and overnight stay. The team had arranged for one to one nursing care. Discharge arrangements had included family and carers, and advice was given to include sitting services for family who needed support at home. The hospital had a dementia nursing lead that had received corporate training on dementia awareness and acted as a resource when required.

- We were told of an example of a patient who was admitted with learning disability. Staff gave examples of how the care was planned to suit individual needs, including having the patient first on the theatre list to reduce the need for an overnight stay and having supported family to be in attendance.
- BMI Woodlands Hospital focused upon smoking cessation with the aim of identifying patients who were smoking at their pre-operative assessment visit prior to planned surgery. Patients were given smoking cessation advice and literature to encourage them to stop smoking prior to surgery and thereafter. Between April 2014 and March 2015 a total of 124 patients declared they were smokers therefore all were offered 'Quit Smoking' packs. Out of the 124 patients, 21 patients accepted the packs to assist them to stop smoking and 103 declined.
- Nursing staff provided a routine 48-hour follow up phone call service for patients who had hip and knee replacement, major gynaecological surgery or hernia repair.

## Learning from complaints and concerns

- BMI Woodlands Hospital had a clear policy and process that was followed by staff if a person wanted to make a complaint about their experience. Staff we spoke with described the process well and knew how to escalate any concerns to senior staff.
- We saw the BMI hospital complaints leaflets titled 'Please tell us...' available in clinical areas and in reception. These detailed how patients could raise concerns and how to seek external independent advice for other funded and NHS patients.
- The executive director had overall responsibility for the management of complaints. Each stage of the three-stage complaints process had set time frames for responses. We saw examples of patient complaints that

had progressed through the first stage in a timely manner. Stage 1 involved an investigation and response by the hospital within 20 days, Stage 2 was a regional or corporate investigation and response within 20 days, and Stage 3 provided an independent, external adjudication by the Independent Sector Complaints Adjudication Service (ISCAS), for fee-paying patients, or the Parliamentary and Health Service Ombudsman for NHS patients.

- The hospital received 40 complaints in 2014/15. This was comparable with the annual number for the previous two years. Themes included administration of appointments, accounting processes and attitude of consultant staff. Only one complaint was escalated to stage two. The rest were resolved at local level.
- We saw evidence of some, but not all complaints being shared in the clinical governance meetings. There was evidence of learning minuted from the meetings but it was not clear if actions from each complaint were shared with the relevant team or that assurance was obtained that actions were completed. In response to this finding, a complaints log was developed to record completed actions for each complaint.
- Examples of learning and action arising from complaints included, improvement in written information given to patients pre-operatively, and a review of administrative processes from the patient's perspective by the Patient Environment Improvement Group (PEIG).

## Are surgery services well-led?

Good 

We rated well-led as good because:

- The corporate and local vision and strategy were clear to staff at all levels. The surgical service was well-led by the executive director and heads of each department. Clinical managers had a clear vision and strategy for the surgical division and were able to tell inspectors about priorities and performance.
- Nursing staff were involved in influencing and creating local policies and we saw evidence of this during inspection.

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- Staff spoke highly of their senior staff, saying they felt both valued and supported by them. Staff engagement was good; however, there was no evidence of a formal staff satisfaction survey at the time of inspection.
- Governance arrangements were clear to staff and included well attended meetings and appropriate committee structures. The minutes of meetings were circulated to BMI hospital staff and consultants. The governance meeting functioned well for hospital staff but key messages were not consistently shared by the Medical Advisory Committee with the RMO.
- There were changes being introduced to the risk management systems at a corporate level including the introduction of a new risk register template and risk management policy. This process had already started at BMI Woodlands Hospital.
- Morale was good amongst staff and it was clear that there was a positive culture at BMI Woodlands Hospital.
- Staff we spoke with told us that there were plans to achieve JAG accreditation for the endoscopy unit and allow for expansion of services and activity.

## Vision, strategy, innovation and sustainability for this core service

- A BMI group-wide corporate vision was in place and focused on providing 'the highest quality outcomes, the best patient care and the most convenient choice for our patients'.
- There was a local strategy in place for sustaining and expanding the services provided at BMI Woodland Hospital incorporating governance and patient safety priorities. A business proposal had been submitted to the BMI regional team to expand theatre and endoscopy services at the Morton Park site in Darlington.
- We were told the hospital had a commitment to delivering high quality care and we saw this in practice during the inspection. During our inspection it was clear that quality of patient care and treatment was a high priority.
- Staff in theatres, pharmacy and ward areas were able to tell us about the BMI Woodlands Hospital vision and discuss its meaning with us during individual interviews.

- Staff were very proud of the job they did and without exception, the staff we spoke with enjoyed working at the hospital. We observed that staff were empowered to deliver a caring service and make improvements or drive policy changes.

## Governance, risk management and quality measurement

- There was a clear governance structure in place. The clinical governance committee meetings were held every other month and were attended by heads of hospital departments. The meeting was chaired by a consultant anaesthetist as designated medical advisory lead clinician. In the absence of the chair, the meeting was chaired by the director of nursing as responsible director for clinical governance. A detailed governance report was produced for each meeting.
- Minutes of the clinical governance meeting included reference to subcommittee reports on resuscitation, transfusion, infection prevention and control, pharmacy update and medicines management, radiation safety, physiotherapy update, recruitment of staff, patient feedback, the audit programme, recent NICE guidance, complaints and incidents. The clinical governance report gave further detail on performance in these areas.
- Complaints and incidents were shared in the clinical governance meeting. A brief description was given about complaints and incidents from the previous month. We found an inconsistent approach to documenting the actions taken to address risks and improve performance.
- The MAC was held quarterly and attended by a lead consultant from each speciality with practising privileges at BMI Woodlands Hospital, the executive director and director of nursing. It was chaired by a consultant surgeon. Minutes demonstrated management of competence and practising privileges through active monitoring and where required, suspension.
- We checked the hospital risk register and there were 12 identified risks two of which were clinical risks. There was limited evidence of risks associated with clinical quality or performance, however, this gap was

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recognised by the executive director and director of nursing. A new corporate risk management policy and risk register template was in the process of being implemented and embedded at the hospital.

- There was a good approach to monitoring and measuring quality and safety in surgical services and we noted a structured audit plan. The heads of department carried out these regular audits. We did not see evidence of specific medical audit or research activity.
- The hospital Quality Account report (2015) showed compliance against a variety of indicators, such as PROMs and infection rates. There was evidence of benchmarking against other BMI hospitals in the clinical governance quarterly report.
- Effective processes were in place for granting practicing privileges to enable doctors to work at the hospital. Approval to grant, restrict or withdraw practicing privileges was led by the executive director of the hospital in collaboration with the MAC. Records demonstrated doctors had to have the relevant clinical experience to practice in an independent hospital, personal audit data, patient outcome measures and references from peer practitioners.
- Procedures were in place to ensure surgeons had an appropriate level of valid professional indemnity insurance. We looked at staff files and found indemnity arrangements were appropriate and valid. The hospital monitored the status of practicing privileges, GMC registration and indemnity arrangements.

## Leadership of service

- There was strong local leadership of the service from the executive director which was effectively supported by the director of nursing and the heads of departments. Senior staff worked clinically and provided visible leadership and support to staff on a daily basis.
- Without exception, staff we spoke to told us that they were supported by their head of department, the director of nursing (interim and substantive) and executive director. Staff told us all managers were available, visible and approachable and that they could report any concerns they had about the service or practice and said it would be listened to and addressed.

- Staff spoke positively about the service they provided for patients and emphasised clinical quality and patient experience as key priorities and everyone's responsibility.
- Consultants felt there was a good working relationship and engagement with the hospital leadership team and staff and that they were involved with clinical governance issues. The executive director and director of nursing were regarded as effective and approachable.

## Culture within the service

- On the ward and in theatres, we saw that staff worked well together and there was respect between specialities and across disciplines. Staff morale was clearly high from our observations.
- Staff were well engaged across the hospital and reported an open and transparent culture and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients. Quality and patient experience was seen as a priority and responsibility of all staff.
- There were low rates of sickness absence and vacancies and retention of staff was good across registered nurses, operating department practitioners and care assistants.

## Public and staff engagement

- Patients were encouraged to complete a patient satisfaction survey during or after their admission.
- Posters were displayed on walls asking patients to complete 'How are we doing?' cards.
- There were collection boxes for patient satisfaction surveys throughout the hospital or they could be returned by post. The results from surveys were analysed by an independent third party and communicated back to the hospital on a monthly basis for learning and action.
- Staff engagement was good. We did not see evidence of formal staff satisfaction survey at the time of inspection. However, all staff we spoke with said they were able to give their views and voice their opinions at any time.
- The hospital established a Patient Experience and Information Group (PEIG) that worked in partnership

# Surgery

with the local Healthwatch Board and patient representatives including previous patients. This group met quarterly and provided patient feedback to the hospital senior team.

## **Innovation, improvement and sustainability**

- The development of the Ambulatory Care Unit from October 2015 had provided additional capacity for

surgical procedures. This was working well and staff we spoke with anticipated the potential for a planned expansion of ambulatory care services at BMI Woodlands Hospital. This development would support aspirations for endoscopy to achieve the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation and allow for expansion of services and activity.

# Outpatients and diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Information about the service

The BMI Woodlands Hospital provides outpatient and diagnostic imaging services to NHS and other funded (insured and self-pay) patients from the Darlington, Teesside and Durham areas. The hospital has an outpatient department hosting a number of different specialities including orthopaedics, ophthalmology, gynaecology, gastroenterology, urology, ENT and cosmetic surgery as well as physiotherapy. The hospital provided outpatient consultations only to children under the age of sixteen. The outpatient department is open from 8am to 8pm Monday to Friday and 8am to 1pm on Saturdays. Some invasive procedures were performed in outpatients, including phlebotomy.

Diagnostic imaging services are available 24 hours a day, seven days a week for inpatients and 8am to 5pm on weekdays, with two sessions extended to 8pm for outpatient and GP patients. Some Saturday morning sessions were planned around outpatient clinics. Diagnostic imaging services were available to children under sixteen. The department offered several imaging techniques including plain x-ray, imaging in the operating theatres, ultrasound and CT (computerized tomography) scanning. There was one ultrasound room, one fluoroscopy room, and one general radiology room with a mobile x-ray unit. An external company provided staff and imaging services for MRI (magnetic resonance imaging).

From October 2014 to September 2015, the hospital outpatient department saw 28,736 patients consisting of e, 11,023 were new appointments and 17,713 were follow-up appointments. The hospital saw 17,051 NHS appointments and 11,695 private patient appointments. There had been a significant rise in outpatient activity over the past two

years. In the main these were mainly elective orthopaedic NHS patients referred to meet waiting list initiative targets from local NHS trusts. The majority of outpatient appointments were for orthopaedics, ophthalmology, gynaecology and cosmetic surgery.

The hospital saw 323 children and young people under 18 between October 2014 and September 2015, 168 were new appointments, 155 were follow-up appointments and, three appointments were for NHS patients. The hospital told us that the majority of children attended for consultation with a dermatologist. The hospital did not provide outpatient services to children aged under three.

During the inspection, we visited the outpatient, physiotherapy, and radiology departments. We spoke with 10 patients, two nurses, two consultants, two administrative staff, one physiotherapist, three managers, three healthcare assistants, three radiographers and two radiographic assistants. We observed the outpatient, physiotherapy and radiology environments, checked equipment and looked at patient information. We reviewed 7 patient medical records in clinics and 7 electronic diagnostic imaging records as well as performance information from the hospital. We observed the delivery of care and treatment to patients in the clinic and diagnostic imaging areas.

Pathology services were outsourced but there was a fully staffed pharmacy department within the hospital.

Prior to and following our inspection, we reviewed performance information about the hospital. We attended staff focus groups, observed a staff communications meeting, and listened to staff views about working in BMI Woodlands Hospital.

# Outpatients and diagnostic imaging

## Summary of findings

We rated BMI Woodlands as good in safe, caring, responsive and well-led because:

- There had been no Never Events and incidents were reported, investigated and lessons learned. The departments were visibly clean; cleaning rotas were up to date and equipment we inspected had been cleaned. Staff adhered to the use of personal protective equipment. There was sufficient and well-maintained equipment to ensure patients received safe treatment. There were sufficient nursing and medical staff within the department to ensure patients were treated safely. Medicines and medicine prescriptions were stored safely.
- Services provided by the outpatient and diagnostic imaging department were effective. Care and treatment was evidence based and patient outcomes were measured and within acceptable limits. Staff in the departments were competent, and there was evidence of multidisciplinary working.
- People were treated courteously and respectfully and their privacy was maintained. Services were in place to emotionally support patients. Patients were kept up to date with and involved in discussing and planning their treatment. Patients were able to make informed decisions about the treatment they received.
- Outpatient and diagnostic imaging services were responsive to needs of patients. Patients were able to be seen quickly for urgent appointments, if required, and clinics were only rarely cancelled at short notice.
- Mechanisms were in place to ensure the service was able to meet the individual needs of people such as those living with dementia, a learning disability or physical disability, or those whose first language was not English. Systems were in place to capture concerns and complaints raised within the department, review these and take action to improve the experience of patients.
- Staff and managers had a vision for the future of the departments and were aware of the risks and challenges they faced. Staff felt supported and were

able to develop to improve their practice. There was an open and supportive culture where incidents and complaints were reported, lessons learned and practice changed. The department supported staff who wanted to be innovative and try new services and treatments.

We inspect but do not rate effective unless we have sufficient, robust information, which answer the KLOE's and reflect the prompts.

# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as 'good' because:

- Care and treatment delivered by the outpatient and diagnostic imaging departments protected patients from avoidable harm. Incidents were reported, investigated and lessons learned. Staff were aware of the need to be open and honest when dealing with incidents. However, we were not assured that a process for duty of candour was sufficiently or formally followed.
- The environments were visibly clean, uncluttered and well maintained. Staff demonstrated good knowledge of infection prevention and control and adhered to the use of personal protective equipment. There was sufficient and well-maintained equipment to ensure patients received safe treatment.
- Staff were aware of the policies to protect adults in vulnerable circumstances or those with additional support needs. Patients were asked for their consent before care and treatment was given. There were sufficient nursing, allied health professional, and medical staff within the departments. Staff told us they were aware of their responsibilities in the light of major incidents.
- Medical records were available for outpatient clinics; all staff had completed mandatory training. Medicines management was effective and well supported by pharmacy services for medicines management policy, practice, storage and audit.
- There were clearly defined and embedded systems and processes to keep patients and staff safe and safeguarded from abuse.
- Staffing levels and skills mix were planned, implemented and reviewed to protect patients from abuse and avoidable harm at all times.

### Incidents

- The services reported no 'Never Events' between September 2014 and during the time of our inspection. Never Events are serious incidents that are wholly

preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

- The hospital had an incident reporting policy in place which included guidance on how to report incidents and how to investigate concerns. Staff we spoke to were aware of the policy.
- Staff told us that they were encouraged to report incidents and that they were confident about reporting issues and raising concerns with senior staff. Staff were able to clearly describe the process for reporting incidents.
- There were no serious untoward incidents in the outpatients and diagnostic imaging departments for the twelve months prior to the time of inspection (February 2015 – January 2016). There were 310 clinical incidents and 87 non-clinical incidents reported at BMI Woodlands Hospital. Diagnostic imaging reported four low harm incidents and the outpatients department reported seven low harm and three moderate harm incidents with no specific trends noted. All incidents had been thoroughly investigated and lessons shared across the departments through sharing of meeting minutes, team meetings and the use of the daily 'Comms Cell', a safety and information briefing at the start of each day for department leads. The incidents were mainly related to administration of appointments.
- Staff confirmed the managers fed back the learning from incidents and discussed with them how they could do things differently to improve. Staff could give examples of incidents that had occurred and investigations that had resulted in positive changes in practice.
- There had been no deaths related to the outpatients and diagnostic imaging departments and therefore no mortality reviews were undertaken.

### Diagnostic Imaging:

- There had been no radiological incidents reported by the hospital in the previous year that would be required

# Outpatients and diagnostic imaging

by the Ionising Radiation Medical Exposure Regulations (IR(ME)R) 2000. Providers must report to the Care Quality Commission (CQC) any unnecessary exposure of radiation to patients.

- A previous IRMER incident that occurred in 2014 had been well documented with an action plan in place. Lessons had been learned and we saw evidence of change during our inspection. The WHO safer surgical checklist had been updated to ensure imaging checks were made thoroughly prior to images being taken. This was completed correctly in checklists we reviewed.

## Duty of Candour

- Staff we spoke with were broadly aware of the principles behind the duty of candour. This is a statutory duty for healthcare providers to inform patients of incidents when certain harm thresholds are met. We did not see that the current grading system for actual harm triggered application of the duty of candour regulation. The electronic incident form had a section to indicate the duty of candour had been applied, but this was a new development and was not yet fully embedded in practice. No staff at the hospital had received formal training on the duty of candour regulation at the time of inspection; however, there was a strong culture of being open and honest with patients amongst all staff groups and grades of staff.
- All staff could describe the principles of being open and honest with patients. All staff we spoke to said that they would be happy to speak to patients and their families if an incident had occurred.
- We saw evidence of letters to patients offering an apology and information about incidents and complaints. However, we were not assured that a formal system was in place to implement the requirements of the duty of candour.

## Cleanliness, infection control and hygiene

- There was infection control information displayed in patient areas and we observed visitors using alcohol hand gels.
- The 'Infection Prevention and Control Annual Plan' (2015) detailed the activities to ensure the hospital met the requirements of the Department of Health, Hygiene Code of Practice.

- Policies and procedures for the prevention and control of infection were in place. Staff understood them and could describe their role in managing and preventing the spread of infection.
- All departments and patient areas were visibly clean and we saw staff wash their hands and use hand gel between treating patients. Separate hand washing basins, hand wash and hand gel dispensers were available in the departments and patient areas. However, staff told us they did not use the handwashing basin in the dirty utility room in outpatients because the water did not run hot unless the tap was turned to full pressure. This caused splashing so staff used the hand washing facilities in the treatment room across the corridor instead. We pointed this out to the nurse in charge as a possible infection control risk and this was escalated to the director of nursing. During the subsequent unannounced visit to the department the basin tap in the dirty utility room had been repaired and was being used appropriately.
- Staff adhered to uniform policy and followed bare below the elbow guidelines.
- We noted that outpatient waiting areas and some treatment rooms were carpeted although they did appear clean. There were standard operating procedures in place to clean the carpets and a regular cleaning programme. This issue was included in the corporate risk register and risk assessments had been performed.

## Environment and equipment

- The environment in outpatient areas appeared uncluttered, and well maintained.
- Appropriate containers for disposal of clinical waste and sharps were available and in use across all departments.
- Staff stated they had sufficient equipment to meet the needs of patients.
- We looked at equipment and refrigeration and found these were appropriately checked, cleaned and maintained.
- We found that portable safety testing and calibration stickers were in place on fridges and equipment and labels were clearly evident and in date.

# Outpatients and diagnostic imaging

- BMI Woodlands Hospital had very good provision of equipment across outpatient, physiotherapy and radiology departments. Outpatient clinic rooms had provision of suction equipment, piped oxygen and emergency call facilities. Equipment and stock items were reported to be available as required to provide safe patient care.
- There was a single resuscitation trolley that was centrally located and easy to access by all departments on the ground floor. Further defibrillation equipment and grab bags were located in the physiotherapy and MRI department. We saw that all equipment was checked as per BMI policy.

## Diagnostic imaging:

- Imaging equipment was capable of carrying out safe and efficient diagnostic imaging. Staff used a portable x-ray machine with a fixed bench for extremity imaging for general radiological procedures.
- Maintenance contracts and service level agreements were in place with external providers to service, maintain and repair equipment. X-ray equipment maintenance contracts were checked and records showed all schedules were up to date. Staff told us requests for service and repairs were met quickly and effectively by all contractors.
- Restricted access areas were locked appropriately and signage clearly indicated if a room or scanner was in use. The department had radiological protection/hazard signage displayed.
- The hospital had policies and procedures in place in relation to the radiation protection principles and regulations. These included reference to the Ionising Radiation Regulations 1999, the local radiation protection advisor report, local rules and a description of the duties to be undertaken by staff in accordance with these requirements.
- Staff felt they were provided with appropriate protective equipment to undertake their role safely, wearing lead aprons as required.

## Medicines

- Medicines including local anaesthetic and contrast media were supplied and audited by the pharmacist. Audits demonstrated high levels of compliance.

- Medicines in the departments were stored and monitored appropriately. The pharmacist at BMI Woodlands Hospital audited medicines management practice and compliance with policies. No significant issues were identified.
- Medicines were kept in locked cabinets and we saw evidence that daily temperature checks of medication fridges and the ambient room temperature were recorded which were all in appropriate temperature ranges.

## Records

- We reviewed seven sets of medical records across the outpatient department. We found these were of a good standard. They contained sufficient up to date information about patients including referral letters, medical and nursing notes including patient care pathways, operation and anaesthetic records and discharge documentation.
- At the time of inspection, we saw patient personal information and medical records were managed safely and securely. We saw that records were appropriately stored within the departments we visited. The outpatient and physiotherapy departments used paper records. These were stored in the management office in lockable cabinets. Notes for outpatients appointments were collected by the consultants, depending on whose clinic it was, from the office and the notes were returned once the clinic was completed.
- Staff told us all patients attending an outpatient appointment would have either a GP referral letter, or their current records from a previous appointment or admission to the hospital available. There were no patients seen without full medical records being available.
- Staff we spoke with in outpatients, radiology and physiotherapy could not recall an instance when medical records had not been available for a clinic, or where a patient could not be seen because their records were not available.
- Staff told us that if any patient information or paperwork were absent, then depending on the nature of the missing details, this would be obtained from either the patient's GP or consultant in advance of an appointment.

# Outpatients and diagnostic imaging

- The hospital had a policy that consultants should not take patient medical records out of the hospital. Staff told us that all consultants adhered to the policy.
- Diagnostic imaging referrals and requests were made on paper forms or by using a fax from GPs. Information was transferred onto an electronic patient administration system and reports were produced electronically.

## Diagnostic imaging:

- We reviewed six electronic and paper patient records and all were completed correctly. Risk assessments were completed, consent was signed where appropriate and last menstrual period (LMPs) checked for women of childbearing age. Records showed radiographic information and all details were within appropriate and safe parameters.

## Safeguarding

- Safeguarding policies and procedures were available on the hospital intranet and staff were able to demonstrate how to access them. Staff were aware of their roles and responsibilities in relation to safeguarding and could describe what types of concerns they would report and how they would raise matters of concern appropriately.
- Safeguarding training for all staff showed 97% of staff had completed Safeguarding Adults training and Children Level 1 training, with no staff waiting to complete the training for the first time. 97% of required staff had completed level 2 Safeguarding Adults training. One senior nurse had attended Level two Safeguarding Children training. Level 3 child safeguarding training had been attended by the director of nursing with a plan in place for another senior member of the nursing team to attend in 2016. Staff still requiring training had time set aside to do so.
- One safeguarding concern had been reported within the last twelve months by the physiotherapy team. We saw a clear action plan was evidenced with a concise management plan. Information had been shared and lessons had been learnt.
- Staff were aware of their safeguarding roles and responsibilities and staff we spoke with knew how to raise a concern or issue, using BMI safeguarding policies.
- There was a designated lead for Female Genital Mutilation (FGM) and FGM was included in the

safeguarding policy as per the FGM: Multi-agency practice guidelines, 2014 (revised publication April 2016: Multi-agency statutory guidance on female genital mutilation).

## Mandatory training

- Mandatory training was available through on-line courses as well as face-to-face training.
- The management office in the outpatient department had notices displayed for staff about training. This included reminders to check the status of mandatory training every month and a monthly learning log which staff were to complete.
- The compliance target was 100% and this was consistently achieved. At the time of our inspection, 97% of staff had attended their training. The remaining 3% were new staff who had sessions booked for them to attend or time set aside to complete training on-line.
- The hospital had a designated resuscitation lead who led resuscitation scenario training exercises for nursing staff and the RMO. This approach and the learning from outcomes was viewed as a positive experience and valued by staff.
- Medical staff completed mandatory training at their main employing NHS trust. There were assurance systems in place to make sure that medical staff were up to date with mandatory training.
- Staff at all levels felt well supported in relation to participating in training opportunities, both internal and external. They stated that there was always opportunity for professional growth and that they were encouraged to further their careers.

## Assessing and responding to patient risk

- There were systems and processes in place for escalation of care or transfer out to local NHS hospitals should nursing staff and the resident medical officer (RMO) have concerns about a patient.
- There was no alarm system in the stairway area and practice had been changed to reduce the risk to patients and staff. Physiotherapy staff provided pre-discharge assessments in a stairwell area in pairs to avoid the risk of being unable to get help if a patient was unwell during the assessment.

# Outpatients and diagnostic imaging

## Diagnostic Imaging

- The Radiation Protection Supervisors (RPS) were radiographers based on site and covered plain film, ultrasound and CT areas. The radiation protection advisor (RPA) was based in Nottingham. They regularly attended monthly meetings with the team at BMI Woodlands Hospital and were available by telephone for advice and guidance at other times.
- An annual radiation meeting was held between the Radiation Protection Advisor (RPA) and Radiation Protection Supervisors (RPS), which was recorded.
- Diagnostic imaging referrals and requests were made on paper forms or by using a fax from GPs. Information was transferred onto an electronic patient administration system and reports were produced electronically. The department held a register of clinicians and non-medical referrers who were authorised to make diagnostic imaging requests. This was regularly updated.
- There was adequate and appropriate radiation safety signage in all areas where radiation exposure took place. Patients were escorted to and from imaging rooms by radiology staff.
- All x-ray referral forms required female patients of childbearing age to provide the date of their last menstrual period and radiographers checked this with patients before images were taken. This was an integral part of the consent process.
- There were no interventional diagnostic imaging procedures carried out at BMI Woodlands Hospital that could cause contrast-induced neuropathy. However, the radiologists and radiographers all had continuous professional development records to show that they kept up to date with NICE and Royal College of Radiologists standards and guidelines.
- BMI Woodlands Hospital staff in outpatients, physiotherapy and radiology were trained to recognise and assess patients who appeared clinically unwell or deteriorating while they were being cared for or waiting within the departments. Staff used NEWS scores and escalated concerns to the nurse or consultant in charge.

Staff knew to contact the on-call clinical team. If a patient required hospital admission, there were clearly written guidelines to follow and formal transfer agreements were in place with local NHS trusts.

## Nursing, allied health professional and care assistant staffing

- The outpatient department had a dedicated team of registered nurses, healthcare assistants, receptionists and administration staff. Physiotherapy staff were managed separately but worked closely with the outpatient department team.
- The hospital used the BMI Healthcare Nursing Dependency and skill mix tool as a guide to assist staff to assess required staffing levels. The tool was used to plan the skill mix required five days in advance, with continuous review on a daily basis. The actual hours worked were entered retrospectively to understand the variances from the planned hours and the reasons behind these.
- Staff in the outpatients department told us that they were busy. The nurse in charge was leaving their post the week of our inspection. We were told a replacement had been identified and was due in post imminently. The outpatient department used dedicated bank staff as and when required, from the hospital's own pool of bank staff.
- All staff received a structured induction programme and the staff we spoke with felt supported on joining the organisation.
- The outpatient nurse manager had been acting director of nursing for 8 weeks. The substantive director of nursing was on secondment within the BMI hospital group. Nursing staff we spoke with were very positive about both senior nurses and felt well supported.
- There were low rates of sickness absence (2015) for registered nurses, and care assistants in outpatients. These were mainly below 10% but low numbers of staff meant that one absence could affect the figure greatly. Since February 2015 there had been a 0% sickness rate for allied health professionals. There was a human resource (HR) process for checking General Medical Council and Nursing and Midwifery Council registration, as well as other professional registrations.

# Outpatients and diagnostic imaging

- All appropriate registration checks for allied health professionals including radiographers, and physiotherapists had been completed by BMI Woodlands. We saw they were linked to appraisals and staff's continuing professional development.

## Diagnostic Imaging

- The Diagnostic Imaging department staffing consisted of one radiology manager, one lead radiographer and one full time radiographer with two bank radiographers and one bank radiographic assistant who carried out regular shifts. One non-clinical radiology lead managed two radiographic assistants. Sonographers worked on a consultancy basis with practising privileges from local NHS trusts.

## Medical staffing

- All patients were referred under the care of a named consultant. There were 145 consultants with practising privileges at BMI Woodlands Hospital. All were employed by surrounding NHS trusts and had practicing privileges to run clinics, carry out treatment and procedures and operate at this hospital. The executive director held information for every consultant. The Medical Advisory Committee had oversight of arrangements for consultants.
- There was a resident medical officer (RMO) onsite 24 hours a day, 7 days a week on weekly rotation with a Monday handover. The hospital employed two RMO's through an agency. There was provision of an onsite residence for the RMO.
- The RMO on duty at the time of inspection had been in post 7 months and had received a week induction with the agency and a further week shadowing as part of a checklist. We did not see the RMO induction checklist at the time of inspection.
- RMOs must have Advanced Life Support (ALS) and Paediatric Advanced Life Support (PALS); both RMO's had ALS and PALS. These courses had been delivered on induction by the recruitment agency.
- The RMOs had experience of working with patients across all specialties. They reported that the induction at BMI Woodlands Hospital was good, covering mandatory training and orientation.

## Diagnostic imaging

- There were 13 radiologists working for the hospital with a weekly staffing schedule that ensured all sessions were covered. Radiologists held substantive posts at local NHS trusts and worked for the hospital under practising privileges as with all BMI hospital consultants.

## Major incident awareness and training

- The hospital had an overarching business continuity policy put in place by the wider BMI group.
- Staff we spoke with were aware of the major incident policy and could describe how they would access this in an emergency.

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

We inspected but do not rate effective for this core service.

- Care and treatment within the outpatient department was delivered in line with evidence-based practice.
- Staff work collaboratively to understand and meet patients' needs.
- Staff can access the information they need to assess, plan and deliver care in a timely way.
- Staff are qualified and have the skills they require to carry out their roles effectively.

## Evidence-based care and treatment

- Care and treatment within the outpatient department was delivered in line with evidence-based practice. Policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- We saw examples of policies referring to evidence based guidance from professional bodies. For example, the chaperone policy referred to recent professional guidance from the General Medical Council and the BMI Safeguarding Adults Policy referred to Department of Health guidance in response to the findings at Winterbourne View Hospital.

## Diagnostic Imaging

# Outpatients and diagnostic imaging

- Local and national BMI policies and protocols were in accordance with Radiology Protection Association (RPA) and Ionising Radiation (Medical Exposure) Regulations IR(ME)R guidance and requirements.
- Radiology reporting standards and checks were followed by radiologists and radiographers when adverse results were found on imaging and RCR timeframes were met when passing on information to referrers.
- Radiology staff carried out regular quality audits alongside RPS and RPA checks in accordance with IR(ME)R and BMI requirements. A referral form audit was underway at the time of the inspection. Errors and omissions by referrers were followed up in person or by telephone by booking staff or, in the case of a perceived clinical error, by a senior radiographer or radiologist.
- The radiology team were taking part in three Magnetic Resonance Imaging (MRI) and X-ray Computed Tomography (CT) based national audits.

## Pain relief

- Staff described how they would offer support to patients who reported being in pain. Staff said that they would assess the level of pain and contact the RMO for pain relief to be prescribed.
- Some of the minor procedures that took place in the outpatient department were performed under local anaesthetic. A consultant was present for the procedure and administered the pain relief.

## Nutrition and hydration

- There were water fountains in each department and the outpatient department had a hot drinks machine for patients to use as required. There was a hospital cafeteria that was available for patients to access hot and cold food.

## Patient outcomes

- Patient outcomes in physiotherapy were monitored by recognised outcome measures such as range of movement, pain scores and quality of life measures to establish effectiveness of treatment. An EQ 5 toolkit was used to measure preoperative and postoperative musculoskeletal change and improvement as recommended by the Chartered Institute of

Physiotherapists. Distances walked and numbers of repetitions were used as measures of improvement where appropriate. Staff encouraged patients to register free with a database to measure their own progress.

## Diagnostic imaging:

- Regular radiation audits were carried out. The diagnostic imaging department collected all patient dose information and submitted them to the Radiation Protector Adviser Services on an annual basis for monitoring and benchmarking against national dose levels. We saw the results of these were within safe levels.

## Competent staff

- Managers told us formal arrangements were in place for induction. All staff, including bank and agency staff, completed full local induction and training before commencing their role.
- We spoke with two nursing and five allied health professional (AHP) staff who told us they were assessed for competencies relevant to their role. We reviewed competency files and found them to be complete and up to date. Staff told us they were encouraged to undertake continuous professional development and were given opportunities to develop their clinical skills and knowledge through training relevant to their role.
- Staff received a formal annual appraisal and mid-term appraisal every six months. We reviewed an appraisal compliance audit that confirmed 97% of staff had undergone an annual appraisal. Any not carried out were due to maternity and unplanned leave.
- Systems were in place for revalidation of medical staffing and for the effective management of doctors' practising privileges which included contributing to their annual appraisal. Appraisals were based on GMC guidance and completed by a medically qualified appraiser. The BMI team worked closely with medical directors at nearby NHS trust hospitals and provided performance and activity information to inform consultant appraisals.
- There were three consultants without NHS contracts. The corporate medical director was the revalidation officer for these consultants and their appraisal was carried out by consultants in BMI with appraisal training.

# Outpatients and diagnostic imaging

- We saw evidence that the executive director withdrew practising privileges in line with policy in circumstances where standards of practice or professional behaviours of consultants were in breach of contract. Fitness to practice issues for consultants were assessed by the executive director and by the Medical Advisory Committee. We saw evidence that any consultant competency issues or incidents were discussed with the appropriate senior manager from the employing NHS Trust and that practice was suspended until issues were resolved.

## Diagnostic imaging:

- Diagnostic imaging staff were appropriately qualified. The radiology manager kept staff records and staff maintained their own continuing professional development portfolios to prove their competence for their role. Student radiographers were supervised within the department.
- There were no advanced practitioner roles in the department such as radiographer reporting. There was training for an assistant practitioner role, whereby staff were enabled through specific training to undertake image intensifier work in theatre. We saw the protocol for this specific working role.
- The hospital used some bank health care assistants who were local student nurses. The team told us that this system allowed the students to accumulate patient care skills as well as providing good quality and reliable cover for the department.

## Multidisciplinary working

- A range of clinical and non-clinical staff worked within the outpatients department and staff told us they worked well together as a team.
- Nursing staff were observed working in partnership with radiographers, physiotherapists, booking staff, and consultants. Staff were seen to be supportive of each other to provide the best care and experience for the patient.
- There were clear agreed protocols for staff to follow and where specialist advice was required, staff told us they were able to access consultants and specialist staff easily, an example being, the hospital leads for safeguarding to discuss required interventions.

## Diagnostic imaging:

- We observed effective team working and good communication between consultants, outpatients and diagnostic imaging staff including staff from the externally managed MRI service.
- Radiology staff told us that consultants completed pathways in patient notes and that if staff needed to ask a question they could contact a consultant day or night.
- An example of good multidisciplinary working included working in partnership with a consultant urologist. The senior radiographer had undertaken specific training in urodynamics imaging. They showed us the training records and explained the processes carried out to provide clear and detailed images they provided for the consultant.

## Seven-day services

- The outpatient department was open between 8am and 8pm, Monday to Friday, and 8am to 1pm on Saturday.
- The physiotherapy team were available at weekends and provided outpatient support Monday to Friday.

## Diagnostic imaging:

- Radiology services were available 24 hours a day for inpatients and outpatient sessions were planned around outpatient clinics; 8am to 5pm Monday to Friday with two additional weekday sessions until 8pm and Saturday mornings.

## Access to information

- All staff had access to the trust intranet to gain information relating to policies, procedures, NICE guidance and e-learning. Paper copies of local policies were also kept in folders in the nurses' office.
- The endoscopy suite had standard information folders based on each work area for example the inpatient wards and outpatient desk, should a patient telephone the hospital with a concern when the endoscopy unit was closed. This meant that staff could give the appropriate information and reduce the risk of conflicting advice.
- Staff were able to access patient information such as x-rays electronically and paper medical records and separate physiotherapy records appropriately.

# Outpatients and diagnostic imaging

## Diagnostic Imaging

- X-ray referrals were paper based and no electronic referrals were made. GPs faxed referrals to a specific, safe and staffed fax machine within the radiology department.
- Patient records were held electronically on a clinical records interactive search (CRIS) system. Images and reports were held on picture archiving and communication system (PACS) which was available to staff hospital wide. Staff emailed reports to GPs.
- Radiology results were provided to all referrers using an electronic reporting system. Images and results were stored for future use when checking for previous images or for quality checks and audit.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

- Patient records in outpatients contained care pathways specific to each medical specialty and all had a section to complete by staff regarding consent for surgical procedures. All records we looked at had been completed appropriately and showed patients had been provided with information to make an informed choice.
- Staff across all departments had completed training in the Mental Capacity Act and DoLS.
- The hospital used BMI group-wide policies concerning the use of the Mental Capacity and Deprivation of Liberty Safeguards (DoLS). The paper copy of the DoLS policy we saw in outpatients was past its date for review (March 2014) and therefore did not reflect up to date case law. BMI had up to date electronic versions of the policy that staff could access.
- Staff we spoke with had a broad understanding of issues in relation to capacity and the impact on patient consent. Staff explained that if they had any concerns about capacity then they would raise these with consultant staff or the safeguarding lead for advice.
- Patients were asked for consent before care was given.

## Diagnostic imaging:

- Staff reported that within the x-ray department implied consent was obtained from the patient before any routine procedures such as plain x-ray imaging. Staff

obtained formal signed consent from patients before carrying out procedures such as CT and MRI scans. We observed staff asking patients to complete checklists and sign their consent.

## Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as 'good' because:

- Patients and relatives commented positively about the care provided from all of the outpatient and physiotherapy staff.
- People were treated courteously and respectfully and their privacy was maintained.
- Services were in place to emotionally support patients.
- Patients were kept up to date with and involved in discussing and planning their treatment.
- Patients were able to make informed decisions about the treatment they received.
- Staff listened and responded to patient's' questions positively and provided them with supporting literature to assist their understanding of their medical conditions or treatment.

## Compassionate care

- All patients we spoke with told us staff had treated them well and respected their privacy and dignity when delivering care. We observed staff communicating with patients and their families in a respectful and considerate manner. There were no negative comments from patients or their relatives about the compassionate and caring aspects of the service.
- We observed staff interacting with patients and their colleagues across all departments in a professional and compassionate manner in clinic, physiotherapy, x-ray, and in the waiting areas. This included staff visiting the patient waiting area to check on the status of patients waiting for appointments.
- The hospital had a policy in place concerning the use of chaperones. This provided guidance on chaperones,

# Outpatients and diagnostic imaging

their availability to patients, and that the patient had the option to reschedule an appointment or procedure if a chaperone was not available. We saw chaperones were available in the departments we visited.

- Consulting rooms displayed 'free/engaged' signs on the door. We saw that staff used these to show when rooms were engaged to protect patient privacy and dignity. Staff were observed to knock on doors before entering when patients were in treatment areas and consulting rooms.
- Staff told us that they would be confident in raising any issues about disrespectful or discriminatory behaviour towards patients or visitors. Staff we spoke with could not recall an occasion when this had been necessary.
- We saw patients and staff had a good rapport with staff putting patients at ease. Some patients were regular attenders and knew the staff well. New patients also confirmed they were put at ease and felt staff were caring towards them.
- Staff offered tactful help and support to complete forms when patients had difficulty understanding the questions being asked.

## Understanding and involvement of patients and those close to them

- We observed staff spending time to explain procedures to patients before gaining written consent.
- Staff listened and responded to patient's' questions positively and provided them with supporting literature to assist their understanding of their treatment.
- All of the patients we spoke with told us they fully understood why they were attending the hospital and had been involved in discussions about the care and treatment they could have. They all confirmed they felt informed and involved in their care and were given time to make decisions. They also stated that staff made sure they understood the treatment options available to them.

## Emotional support

- We saw staff spend time talking to patients and showing empathy and encouragement to complete aspects of therapy.

- Staff were aware of the emotional impact of pain on patient well-being and this was an integral part of quality of life measures used in physiotherapy to assess and evaluate clinical improvements and effectiveness of treatment.
- We observed staff of all grades and specialties talking to patients. They reassured them during procedures and engaged with their patients. They informed them of what would happen and was happening to them during the procedure.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as 'good' because:

- Services were planned and delivered to meet the needs of the local population.
- Facilities and premises were appropriate for the services delivered.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were seen quickly for urgent appointments and clinics were only rarely cancelled at short notice. Staff told us most patients could be seen within one week of making an appointment.
- Patients were kept informed of any changes or delays and raised no concerns about timely access to services.
- Audits showed that all referral to treatment indicators had been consistently met.

## Service planning and delivery to meet the needs of local people

- The hospital engaged with the local Clinical Commissioning Group (CCG) to plan and deliver contracted services based on local commissioning requirements. There was a range of outpatient clinics offered (around 24 specialities) including a variety of surgical specialties, dermatology, neurology and oncology. Minor procedures such as colposcopies and venous thrombo-embolism (VTE) laser treatment were available.

# Outpatients and diagnostic imaging

- Most patients who used the department, whether as a NHS patient or other funded patient were referred by their GP. Patients were offered appointments quickly and all appointment and waiting times met the required standards. Outreach outpatient clinics enabled ease of access to patients wishing to be treated at BMI Woodlands Hospital.
- Outpatient, physiotherapy and diagnostic imaging services were provided for people of most ages from children and young adults to the elderly; however, the number of children seen was comparatively low. There were no specific areas set aside for children but there was appropriate equipment available and protocols for the treatment of children.
- Clinics tended to run in a predictable pattern and the busier periods were staffed accordingly.
- The hospital provided a disabled toilet as part of ensuring that the facilities and premises were appropriate for the services available.
- Seating was appropriate for the number of patients present in clinic and chairs were all the same height and style. Provision was made for children in the waiting area. Magazines and newspapers were available and in the main outpatient waiting areas, televisions were turned on and showing programmes. Two additional smaller television screens in the outpatients department advertised BMI services.
- The car park was small but there were alternative places to park a short distance away.

## Access and flow

- From October 2014 to September 2015, the hospital outpatient department saw 28,736 patients of which, 11,023 were new appointments and 17,713 were follow-up appointments. The hospital saw 17,051 NHS appointments and 11,695 other funded appointments. There had been a significant rise in outpatient activity over the past two years, mainly of elective orthopaedic NHS patients to meet waiting list initiative targets from local NHS trusts.
- The hospital saw 323 children and young people aged under 18 of which 168 were new appointments and 155 were follow-up appointments from October 2014 to September 2015. Three of these appointments were for

NHS patients. The hospital told us that the majority of children attended for consultation with a dermatologist. The hospital did not provide outpatient services to children aged under three.

- The hospital met the indicator of 95% of non-admitted patients beginning treatment within 18 weeks of referral for each month between January and December 2015.
- The hospital told us that no audit of DNA (Did Not Attend) appointments took place, but that they routinely logged details of NHS patients who did not attend. We saw that the hospital discussed DNA rates per speciality with the CCG at quarterly review meetings.
- There was capacity within the departments to see patients or carry out diagnostic imaging urgently if necessary. Average turnaround times for outpatient diagnostic imaging appointments was two days. Staff told us that reports were routinely completed within 24 hours of imaging taking place.
- Staff in outpatient clinics told us that there was no cap on appointment numbers within the department and no minimum number of patients required for a clinic to run. This allowed patients to access clinic in a timely manner and avoided cancellations. Staff did reflect that this meant that some clinics could be very busy and delays could occur on these occasions. Notices on the wall told patients to enquire at the reception desk if their appointment had been delayed for more than 20 minutes. A notice board also displayed details of which clinics were delayed. We saw this being updated during our visit.

## Diagnostic imaging:

- There was capacity within the departments to see patients or carry out diagnostic imaging urgently if necessary.
- The radiology department met the referral time indicators and all patients had images taken well within the six-week target. The longest wait was for four weeks for urodynamics specialist tests.
- Most patients (95%) attended for imaging with a pre-arranged appointment. However some patients arrived into the department straight from outpatients.

# Outpatients and diagnostic imaging

All patients attended with an appropriate referral and unscheduled patients were seen as quickly as possible. The average wait we noted during our inspection was under 10 minutes.

- Average turnaround times for outpatient diagnostic imaging reporting was two days. Staff told us that reports were routinely completed within 24 hours of imaging taking place.

## Meeting people's individual needs

- Staff told us they were able to access interpreting and translation services if they needed to. However, staff we spoke with identified this was rarely required.
- A range of information leaflets was available, which provided patients with details about their clinical condition and treatment or surgical intervention. We saw staff used these leaflets as supportive literature to reinforce their physiotherapy treatment and exercise regimes.
- Cosmetic surgery patients were supported pre- and post-operatively by specialist nurses.
- Some patient information leaflets were available in large print for patients with visual impairment. Patient information was not available in alternative languages but interpretation services were available when required.
- Staff told us when patients with learning disabilities or dementia attended the departments they allowed carers to remain with the patient if this was what the patient wanted. They also ensured that patients were seen quickly to minimise the possibility of distress to them. The hospital had a dementia nursing lead that had received corporate training on dementia awareness and acted as a resource when required.
- The patient waiting areas were tidy with sufficient comfortable seating for patients visiting the departments. There was access to drinks, books and magazines for patients who were waiting.
- There were toilet facilities available for patients including toilets with disabled access within the hospital.

## Learning from complaints and concerns

- The hospital had a complaints policy in place. Staff told us a patient information guide, which included a section outlining the formal complaints procedure, and copies of a BMI leaflet entitled 'Please tell us...' were available in all departments to inform patients, relatives and carers of how they could highlight any concerns. However, during our inspection, we found it hard to locate these leaflets within the outpatients department. There was no other information on display to provide patients with details of how they could make a complaint about their care or treatment.
- Staff described how they would resolve a patient's concerns informally in the first instance, but would escalate to senior staff if necessary. Staff were aware of the formal complaints process and policy as well as the mechanisms for the reporting, investigation and feedback to departments.
- Systems were in place to capture concerns and complaints raised within both departments. Staff reviewed these at monthly staff meetings and took action to improve the service. There was evidence of timely letters of apology and of meetings with patients to resolve complaints.
- Examples of improvements that have been implemented following complaints included the introduction of a discharge checklist, an electronic discharge letter and calling patients 48 hours post-discharge to assess their progress.

## Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as 'good' because:

- The BMI corporate vision and the BMI Woodlands Hospital strategy were clear to staff at all levels.
- Staff were involved in influencing and creating policies.
- We observed a team that worked very well together and respected one another across all disciplines during the inspection. Focus groups we attended were very

# Outpatients and diagnostic imaging

positive about the working relationships and support from all grades of management and this was confirmed in our observations of smaller teams working together cohesively and effectively to meet the needs of patients.

- Morale was very good amongst staff and it was clear that there was an open and positive culture at BMI Woodlands Hospital.
- Staff in the departments felt empowered to express their opinions and felt these were listened to by management.

## Vision and strategy for this this core service

- A BMI group-wide corporate vision was in place and focused on providing 'the highest quality outcomes, the best patient care and the most convenient choice for our patients'.
- Staff we spoke with could articulate the BMI vision to us. Staff were clear on what the vision was for the outpatient and diagnostic imaging services and how this would be implemented.
- We saw that the values were embedded into the appraisal process for staff and staff displayed the behaviours expected of them. All staff we spoke with emphasised the wish to provide good care and experience for every patient.
- Staff were very proud of the job they did and without exception stated they enjoyed working at the hospital. We observed that staff were empowered to deliver a caring service and make improvements or drive policy changes. Without exception staff told us that they were being supported by heads of department, director of nursing (interim and substantive) and executive director.

## Governance, risk management and quality measurement for this core service

- The clinical governance committee meetings were held every other month and were attended by heads of hospital departments. The meeting was chaired by a consultant anaesthetist as designated medical advisory lead clinician. In his absence, the meeting was chaired by the director of nursing as responsible director for clinical governance. A detailed governance report was produced for each meeting.
- Minutes of the clinical governance meeting included reference to subcommittee reports on resuscitation,

transfusion, infection prevention and control, pharmacy update and medicines management, radiation safety, physiotherapy update, recruitment of staff, patient feedback, the audit programme, recent NICE guidance, complaints and incidents. The clinical governance report gave further detail on performance in these areas.

- Complaints and incidents were shared in the clinical governance meeting. A brief description was given about complaints and incidents from the previous month. We found an inconsistent approach to documenting the actions taken to address risks and improve performance.
- The MAC was held monthly and attended by a lead consultant from each speciality practising with privileges at BMI Woodlands Hospital, the executive director and director of nursing. It was chaired by a consultant surgeon. Minutes demonstrated management of competence and practising privileges through active monitoring and where required, suspension.
- We checked the hospital risk register and there were 12 identified risks, two of these were clinical risks. There was limited evidence of risks associated with clinical quality or performance, however, this gap was recognised by the executive director and director of nursing. A new corporate risk management policy and risk register template was in the process of being implemented.
- Staff told us that minutes were circulated as a mechanism to share learning amongst all staff including consultants. Shared learning and impact on performance was not clear in the minutes.
- We checked the hospital risk register and there were 12 identified risks, most of which were health and safety or estates related. Only two were identified as clinical risks. Clinical risks were discussed in the governance meetings and documented in the clinical governance reports but were not reported in the risk register.
- We noted a structured audit calendar for planned audits but this did not show when they had been completed. There was, however, a good approach to monitoring and measuring quality and safety in outpatient, radiology and physiotherapy services. We noted that the heads of departments carried out regular audits.

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- There was evidence of benchmarking against other BMI hospitals in the clinical governance report.

## Diagnostic imaging:

- The radiology department held annual radiation meetings held with the Radiation Protection Advisor (RPA) and Radiation Protection Supervisors (RPS), which were recorded. The RPA was based at the Nottingham University Hospital, had good relationships with the staff at Woodlands Hospital and made regular visits, and provided good support. The RPS were radiographers based on site.
- The last RPA report was completed in November 2015 and concluded, "There is a good level of compliance with radiation protection legislation at BMI Woodlands. The highest risk is the lack of local rules training and records in the theatre area." These risks had been addressed and resolved by the time of our inspection.

## Leadership of the service

- The outpatient nurse manager was acting up for a limited period as director of nursing to backfill while the director of nursing was working elsewhere within the BMI group. Nursing staff we spoke with were very positive about the nurse manager and felt well supported. There was strong leadership of the service and managers worked clinically with staff on a daily basis.
- There were clear lines of management responsibility and accountability throughout the two departments.
- Staff said managers were available, visible within the departments and approachable. Staff spoke positively about the service they provided for patients and emphasised that quality and patient experience was a priority and the responsibility of every member of staff.
- Staff felt that managers communicated well with them and kept them informed about the running of the department and relevant service or department changes.

## Culture within the service

- Staff worked well together and there was respect between specialities and across disciplines. We saw examples of good team working between staff in different departments and of different disciplines and grades.

- Staff showed awareness of the corporate ethos and culture. High levels of staff morale were observed and staff stated that there was a strong work ethic between colleagues of all grades. All staff we talked to spoke highly of BMI Woodlands Hospital and no whistleblowing concerns had been received.
- Staff were well engaged with the rest of the hospital and reported an open and transparent culture on their individual wards and felt they were able to raise concerns. They felt empowered to express their opinions and felt they were listened to.
- Staff spoke positively about the service they provided for patients. Quality and patient experience was seen as a priority and responsibility of all staff.
- Vacancy rates were extremely low and for most staff groups it was 0%. Retention of staff was also good.
- Staff we spoke with had an awareness of the BMI corporate whistleblowing policy. Staff said that they would feel comfortable in raising issues under the policy.

## Diagnostic Imaging

- Staff and managers told us the diagnostic imaging department had an open culture. They felt able to highlight any concerns and were confident any necessary actions would be taken.

## Public and staff engagement

- Patients were encouraged to complete a patient satisfaction survey during or after their outpatient, physiotherapy or diagnostic imaging visits.
- Posters were displayed on walls asking patients to complete 'how are we doing' cards.
- There were collection boxes for patient satisfaction surveys throughout the hospital or they could be returned by post. The results from surveys were analysed by an independent third party and communicated back to the hospital on a monthly basis for learning and action.
- No staff survey information had been collected at that time or up to the point of our inspection. This meant we were unable to review the views of all of the staff

## Outpatients and diagnostic imaging

working in outpatients, physiotherapy or diagnostic imaging. However, all staff we spoke to said they were able to give their views and voice their opinions at any time.

- The hospital had a Patient Experience and Information Group (PEIG) that worked in partnership with the local Healthwatch and included previous patients. This group provided patient opinions to the hospital senior team.

# Outstanding practice and areas for improvement

## Outstanding practice

The development of the Ambulatory Care Unit from October 2015 had provided additional capacity for surgical procedures. This was working well and staff we spoke with anticipated the potential for a planned expansion of ambulatory care services at BMI Woodlands

Hospital. This development would support aspirations for endoscopy to achieve the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation and allow for expansion of services and activity.

## Areas for improvement

### Action the provider SHOULD take to improve

- Ensure that all staff have an understanding of Regulation 20: Duty of Candour and how this is applied. Additionally the hospital must utilise the systems in place to comply with this regulation.
- Ensure that fasting times are audited to provide assurance that patients are appropriately prepared for surgery.
- Ensure that staff document consent in line with national guidance from the General Medical Council and Royal College of Surgeons.
- Ensure that medical staff meet the requirements of the practising privileges policy in relation to daily patient visits and maintaining complete documentary records of these visits.
- Consider a regular staff survey to monitor staff engagement.
- Extend the mechanisms for learning from patient safety incidents to incorporate all consultant surgeons with practising privileges.