

Nuffield Health

Nuffield Health Wolverhampton Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

However:

- The managers recognised the challenges posed by the aging facility and equipment. Staff described the environment in one of the theatres as cramped. However, there was no definitive plan with timescales to address these concerns.
- The hospital did not undertake an effective health and safety risk assessment or audit. Risks such as the clutter in theatre equipment room which made it difficult for staff to access equipment and clean the floor effectively was not identified.
- The hospital did not have an established management team because the hospital director and matron had recently started working at the service. The matron was interim until the new matron commenced employment in October 2022.
- The response rate for both the patient satisfaction and staff surveys was low (20 -30%).

Summary of findings

Our judgements about each of the main services

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



Summary of findings

Contents

Summary of this inspection

Background to Nuffield Health Wolverhampton Hospital

Page

5

Information about Nuffield Health Wolverhampton Hospital

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Nuffield Health Wolverhampton Hospital

Nuffield Health Wolverhampton Hospital opened in 1978 and is set on a hill within six acres of woodland. The hospital is situated approximately five miles from the Royal Wolverhampton NHS Trust.

The hospital provides a range of clinical services including orthopaedics, ophthalmology, oncology, ear, nose and throat (ENT), gynaecology and general surgery. It has two operating theatres of which one has a laminar flow system. There are 27 en-suite bedrooms and two chemotherapy rooms, on the second floor and the hospital has a diagnostic suite offering mammography, fluoroscopy, ultrasound, magnetic resonance imaging (MRI) and general x-ray. It also offers 10 consulting rooms within the outpatient department.

Nuffield Health Wolverhampton provides both day surgery and inpatient treatment for patients across a range of specialties. Surgical specialties and procedures include primary hip and knee arthroplasty, spinal, breast, urological, cranial and vascular surgery. The hospital currently provides care and treatment for adults over 18 years only.

The most common procedures undertaken at the hospital are cataract operations, joint replacements and diagnosis of stomach problems using endoscopic investigations.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 16 August 2022.

We only inspected the Surgery core service as this was the main activity at the hospital.

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

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure an action plan with timescales is developed to address the aging facility and equipment.
- The service should ensure an effective health and safety risk assessment is undertaken and risks are mitigated.
- The service should ensure stability is established within the leadership team.
- The service should engage with patients and staff to ensure they receive a higher response to surveys.

Our findings






Overview of ratings

Our ratings for this location are:

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

Good 

Surgery

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

Are Surgery safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found most staff had completed their mandatory training (93%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, respiratory care and assessment, infection control, safeguarding children and adults, health and safety, fire safety, whistleblowing and equality and diversity.

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

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

Safeguarding

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

Surgery

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Clinical staff received safeguarding children and adults training to level three (96%) and administrative staff received training to level two (88%). The service had a safeguarding lead trained to level four, who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns, was available.

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

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

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

There were no reported safeguarding incidents for the surgery service the previous 12 months. Records showed that safeguarding incidents in other services were discussed to share the learning with all staff.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All ward and theatres we visited were clean and had suitable furnishings which were clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. We observed cleaners attending to high-traffic areas and 'touch points' during our inspection and we saw clinical staff cleaning couches and equipment after each patient.

All other equipment was cleaned after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

The service consistently performed well for cleanliness. There were regular audits such as hand hygiene, standard precautions, surgical scrub, aseptic non touch technique (ANTT), cleanliness and the environment and endoscopy infection prevention. There were 13 audits that were completed in the previous 12 months and the service performed well for 12 of these audits (89% - 100%) except for the environment audit which showed 68% compliance. Records showed there was an action plan and staff said this would be reaudited quarterly.

Training in the aseptic non touch technique (ANTT) was included in mandatory training and 95% of staff completed it.

Surgery

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

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

Records showed there were four reported cases of staphylococcus aureus (MRSA), two cases of pseudomonas methicillin-susceptible staphylococcus aureus (MSSA) and one gram positive cocci in the previous 12 months. There were no reported cases of escherichia coli (E. coli) or clostridium difficile (C-diff) in the previous 12 months. The hospital reported seven surgical site infections (SSI). The service reviewed hospital acquired and surgical site infections, the learning from them and implemented an action plan where necessary.

The hospital worked effectively to prevent SSI. One of the theatres had a laminar flow system, which circulates filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. We saw that the ventilation system within theatres had been regularly checked for bacteria.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, we observed the theatre was dated, required painting and an equipment room in theatre was cluttered. The hospital did not complete an effective health and safety risk assessment or audit.

The service had suitable facilities to meet the needs of patients' families. Staff had a view of the rooms from the nurses' station. There were individual rooms and patient privacy was maintained at all times. There was one room which had been adapted for patients with dementia. The rooms on the ward had been updated which included new floors, bathrooms and blinds. The hospital had obtained a quote for painting the facility; however, this work had not commenced.

We observed the theatre was dated, required painting and an equipment room in theatre was cluttered. Staff said the theatre and equipment had not been updated for some time. The theatre equipment room was cluttered and contained shelves with equipment that was difficult to access because of the clutter. It was difficult to adequately clean the floor in the theatre equipment room because of the clutter and this posed an infection control risk.

The managers recognised the challenges posed by the aging facility and equipment. Staff described the environment in one of the theatres as cramped. Staff told us the layout of the hospital needed to be changed to facilitate a more seamless workflow and better utilisation of the current space. The management team were analysing how best this could be achieved and there was no definitive plan with timescales in place.

The service had implemented a Patient-Led Assessment of the Care Environment (PLACE) to actively gain patients feedback to improve the quality of patient care. In the 2021 audits patients said the facility needed to be painted, there were worn tiles on the ceiling and air conditioners were required.

Surgery

The service had undertaken a Legionella and a fire risk assessment. Records showed the action plans had been implemented to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes in the event of a fire. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance. Staff completed a general health and safety risk assessment. However, a health and safety risk assessment of the premises had not been undertaken.

The service completed a health and safety audit in September 2020 which identified risks such as the poor positioning of an electrical plug in one room on the ward and the theatre fire door was faulty. However, the audit did not identify the risks from the clutter in theatre equipment room which made it difficult for staff to access equipment and clean the floor effectively.

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

Damaged or faulty equipment was repaired quickly. We reviewed equipment logs and saw that equipment used was serviced within appropriate time frames. Stock and equipment, including disposable instruments, were well managed and recorded.

We saw that theatres had a difficult intubation and a cardiac arrest trolley appropriately sited in accordance with the hospital policy.

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

Staff said there was a recording system that allowed details of specific implants and equipment to be provided rapidly to the health care products regulator. When asked staff could not provide a policy for the recording system or an example of when it was used.

Assessing and responding to patient risk

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

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

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

Surgery

There was an emergency helpline available 24 hours a day, seven days a week. Patients were informed verbally about the helpline and in writing in their discharge information. An on-call team was available to provide advice for patients when required.

Staff carried out a risk assessment for methicillin-resistant *Staphylococcus aureus* (MRSA) prior to admission in line with hospital policy. We were told the outcome of the risk assessment would determine whether a patient needed to be tested. Managers told us 80% of patients were tested for MRSA.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used the 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. The hospital completed quarterly audits of the WHO Surgical Safety Checklist and performed consistently except for the January 2022 audit where the compliance rate was 63%. The subsequent audit in April 2022 found 93% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient policy where patients would be referred to another nearby hospital if specialised care was required, which the hospital did not provide. Most staff were trained in basic life support (93%), immediate life support (79%) and paediatric basic life support (88%). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From January 2022 to July 2022 the NEWS2 audit found 93% compliance.

The service responded to eight deteriorating patients between August 2021 and July 2022. Records showed service followed its policies and procedures. Each patient transfer was reviewed, good practice identified as well as any areas for improvement.

Staff knew about and dealt with any specific risk issues. Under the hospital's assurance monitoring tool staff regularly reviewed data for healthcare associated infections (HAI).

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

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The surgical nursing team included a theatre manager, deputy theatre manager, a scrub, anaesthetic and recovery nurse, theatre practitioner and health care assistant. A senior nurse was always on shift when the service was in operation. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance.

Surgery

The staff to patient ratio requirement was calculated in line with a national safer staffing guidance. The hospital ratio for nurse to patient was 1:6. Staff said there was always a senior manager on shift and an on-call team in the unexpected event of readmission or returns to theatre. The service monitored the staffing ratio at several points throughout the course of the day to ensure it provided safe and responsive care.

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

Managers limited their use of bank and agency staff and requested staff familiar with the service.

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

The hospital regularly reviewed staff absence and recruitment and retention information.

Medical staffing

The service had enough medical staff to keep patients safe. There were 64 consultant doctors working under practicing privileges. The hospital performed surgeries in the following disciplines orthopaedics, ophthalmology, oncology, ear, nose and throat (ENT), gynaecology and general surgery.

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

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. There were 36 anaesthetists working under practising privileges. Anaesthetists covered the theatres and wards and were available for emergency surgeries. Registered medical officers (RMO) covered the day-to-day care of patients on the ward. RMO were provided by an external company and there was always an RMO on call 24 hours every day.

Records

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

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

We viewed 17 patient care records, which contained the patient's consent form, written theatre record, including observations and discharge information. Records we reviewed were completed appropriately.

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

The hospital completed quarterly audits for record keeping which showed 93% compliance for the previous 12 months.

Surgery

Medicines

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

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

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

Controlled medicines were administered in line with published guidance. Medicines were within date and stored in a secure locked cupboard. Controlled medicines were regularly reviewed and audited to ensure the hospital complied with the standard operating procedures and regulations. A quarterly controlled medicines audit was completed for the recovery area, ward and endoscopy.

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

Staff completed medicines records accurately and kept them up-to-date. Records we checked showed allergies were recorded where necessary and entries were complete.

The service completed several audits to ensure staff followed best practice guidelines such as medical gases and medicines security. An antimicrobial audit completed in 2021 found 100% compliance.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Incident reporting was a part of mandatory training and 99% of staff completed it. The hospital had an open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the hospital was very proactive in encouraging staff to record incidents on the incident reporting system. Staff said they were encouraged to report 'near miss' situations.

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents reported in the previous 12 months and found they were reported and investigated in line with the service's procedure. Incidents were categorised into no harm, low or moderate harm. For each incident the actions taken, and lessons learned were recorded where applicable.

The service had no never events on any wards. Records provided by the hospital show there were no never events or serious injury incidents in the previous 12 months. The reported incidents were mainly low harm or no harm. There were five serious incidents which were reviewed, and the learning shared with staff at the subsequent governance and staff meetings. The hospital reviewed and completed a root cause analysis for all serious incidents.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff gave an example of an incident where the duty of candour requirements applied.

Surgery

There was evidence that changes had been made as a result of feedback. Staff discussed learning from incidents at staff and clinical governance meetings. For example, staff implemented the “call, don’t fall” posters in patient rooms and reviewed the post fall protocols.

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and had plans to share it with staff, patients and visitors.

The service continuously monitored safety performance through the hospital assurance monitoring tool. The hospital reviewed monthly data for pressure ulcers, patient falls, venous thromboembolism (VTE) and catheter associated urinary tract infections. From August 2021 to July 2022 the hospital reported five patient falls. Risk assessments were completed for each of the patient falls and the post fall protocols were appropriately followed.

Are Surgery effective?

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Hospital policies we reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with national guidance, such as the National Institute of Health and Care Excellence (NICE) and the Resuscitation Council. Policies and procedures were reviewed by the quality management team and weekly alerts were sent to various subject leads if any policies needed to be reviewed. For example, a notification would be sent to the chief pharmacist for the review of medicines management.

Consultants provided care and treatment in line with their clinical specialty, including that issued by NICE and the royal colleges. The hospital had clear standard operating procedures (SOPs) and established pathways and staff knew how to access the documents.

The service consistently reviewed its performance and compliance with policies and procedures through a series of audits including IPC, WHO surgical checklist and consent. The results showed a high level of compliance against recorded measures. Staff implement an action plan when an audit identified compliance of less than 100%.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients’ religious, cultural and other needs.

Surgery

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. The hospital used the malnutrition universal screening tool (MUST). This is a five-step screening tool to identify possible risks of malnutrition. Staff assessed patients' nutritional status daily.

Patients waiting to have surgery were not left nil by mouth for long periods. The pre-operative assessment staff discussed the length of time a patient needed to fast prior to their operation and ensured patients understood their fasting regime for fluids and food.

Following surgery, patients had effective management of nausea and vomiting. Patients were prescribed anti-sickness medication if required.

Staff told us the hospital was able to cater for patients' religious and cultural needs. This information would be shared with the catering staff following the pre-operative assessment. Patients had access to a wide range of food and drinks and meals were prepared by an onsite chef.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff discussed effective pain control and analgesia with each patient at pre-operative assessment appointments. Staff informed patients about what pain and what analgesia to expect post-operatively.

Staff completed a comprehensive assessment of post-operative pain on the ward and this was done in a consistent manner using pain assessment tools. An anaesthetist was available on the wards. Patients who reported pain had analgesia offered, explained and administered in a timely and efficient manner.

Patients received pain relief soon after requesting it. Patients said they did not have to wait long for their pain relief. Pharmacy staff supported pain management on the ward and provided advice and support to patients and clinical teams.

Staff prescribed, administered and recorded pain relief accurately. We saw this was recorded on the patients' prescription charts. From October 2021 to July 2022, an audit of the records for pain management found 92% compliance.

Patient outcomes

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

The service participated in relevant national clinical audits. The hospital contributed to relevant national audits including the National Joint Registry (NJR), Patient Related Outcome Measures (PROMS), Private Healthcare Information Network (PHIN) and Public Health England (PHE) surgical site infection surveillance. The hospital used audits to benchmark their service against other similar services and develop plans for improvement.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The hospital sent data to the National Joint Registry (NJR) which records, monitors, analyses and reports on performance outcomes in joint replacement surgery. The hospital compared themselves against national data which showed favourable performance.

Surgery

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic application to submit audit information which allowed specific standards to be monitored. The hospital reported five returns to theatre within 28 days, nine readmissions to theatre and seven surgical site infections from August 2021 to July 2022.

The hospital monitored any post-surgery complications, the length of stay and ward-based care.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital undertook regular reviews of staff competencies through a programme of self-assessment and appraisals, including clinical skills.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about the experience and said managers and clinical leads were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. The hospital changed the appraisal process and introduced a more flexible approach to the performance review process. Staff had 'one-to-ones' with a manager or senior leader within the team. Records showed that 90% of theatre staff and 100% of ward staff completed one-to-ones in the previous 12 months. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee.

There was an effective process for validating and monitoring the credentials of any consultant or health professional with practising privileges working within the hospital.

Managers made sure staff received any specialist training for their role. Staff completed training such as ward manager point of care, nasogastric tube and leadership foundation. All staff on the pre-operative assessment team received training and developed their competencies to perform their duties consistently.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Staff held effective multidisciplinary team meetings (MDT) to discuss patients and improve their care. We saw examples of MDT meetings which discussed the care and management of surgery patients.

Consultants and nurses worked as a team to plan and deliver seamless treatment pathways. There was a daily meeting in theatre and on the wards, which provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action.

Surgery

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff said they could raise concerns or ask for advice from consultants at any time and they worked well together to ensure that the patient was given the best care. There was an effective MDT working between the physiotherapists and other health professionals involved with patients undergoing joint replacement surgery. The team worked together to prepare patients for what to expect post-operatively and when they returned home.

Seven-day services

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

Patients were admitted under the care of named consultants who visited them daily whilst they were admitted. A registered medical officer was available 24 hours a day, seven days a week.

The hospital carried out elective operations between Monday and Saturday. Theatres operated between 8am and 6pm Monday to Friday and 8am until 4pm on a Saturday.

The pharmacy was open Monday to Friday 9am to 5pm and 8am until 5pm on a Saturday.

A registered medical officer (RMO) was on duty 24 hours every day.

There was an on-call radiographer and diagnostic imaging services were available out of hours.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff had individual conversations about diet and health promotion after procedures. Staff provided information on lifestyle choices which might relieve patients' symptoms. We saw examples of patient information leaflets, such as smoking and alcohol intake.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms and records showed signed consent forms were documented in the patients' records. Staff gained consent for the surgical procedure and for the use of anaesthetic.

For cosmetic procedures patients had an initial consultation followed by a two-week cooling-off period to decide if they wished to continue with the procedure. This was in line with published guidance.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment. Staff audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure.

Surgery

The service completed a consent audit to ensure staff followed its procedures and from October 2021 to July 2022 showed 95% compliance. The hospital completed a patient satisfaction survey which showed from July 2021 to June 2022 94% of patients said they received a clear explanation about risks and benefits before having treatment.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care.

Are Surgery caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated. We saw staff treating patients with respect and dignity. We observed staff knocking on doors before entering a room and patients knew the name of the staff members who were attending to them. Staff answered patient enquiries and interacted with patients in a friendly, caring and sensitive manner. We observed patients being prepared for surgery and spoke with patients on the ward. We spoke with six patients who were complimentary about the service. Patients described staff as professional, efficient and caring.

From July 2021 to June 2022 81% of patients said they would recommend the service to friends and family and 92% of patients said they received support during their stay.

Patients said staff treated them well and with kindness and were very helpful and reassuring. The service completed a comprehensive patient satisfaction survey. Patients were asked if someone on the hospital staff was available to talk to about worries, if they were told about medication side effects and if they knew who to contact after leaving the hospital. The service performed highly and consistently in these questions.

Staff followed policy to keep patient care and treatment confidential. We noted that doors were kept closed when patients were being attended to and that all patient records were stored securely. From July 2021 to June 2022 94% of patients said they were treated with respect and dignity and 98% said they were given privacy when discussing their condition and treatment.

Emotional support

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

Surgery

Staff understood the impact that patients care, treatment and condition had on the patients' wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. Staff assessed patients social, psychological or religious needs at pre-operative assessment and noted on patients' records so that any adjustments could be made ahead of admission. There was a strong focus on 'patient centred care' with a holistic assessment of patient needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed. The hospital ensured there were staff available to speak to patients about their concerns. From July 2021 to June 2022, 90% of patients said the consultant showed understanding when assessing their treatment needs.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety associated with the procedures and supported patients as much as possible. Patients said, "staff helped to ease my anxiety", "I was treated with respect and dignity" and "someone was always available to help."

Understanding and involvement of patients and those close to them

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

Patients who use services and those close to them were active partners in their care. Patient leaflets were available to provide information about various treatment and staff explained what to expect whilst in hospital and on discharge. We reviewed the 'having a surgical procedure' information leaflet for patients which included relevant information on preparing for the procedure, fasting instructions, medication, returning home and follow up appointments. Patients said, "staff kept me informed constantly," and "staff keep me informed all the times."

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their treatment. Records showed the service discussed patient feedback and identified any areas of improvement. For example, updating the rooms on the ward.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way patients could understand. The patient satisfaction survey from July 2021 to June 2022 showed 90% of patients received information on their treatment in a way they could understand. Patients said they had sufficient time with the consultant (80%) and they were able to ask questions.

Are Surgery responsive?

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

Service delivery to meet the needs of local people

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

Surgery

People's individual needs and preferences are central to the delivery of tailored services. The service was flexible, provided informed choice and ensured continuity of care. Managers planned and organised services, so they met the changing needs of the people who use the service. Surgeries were performed six days a week and appointments were scheduled at a time to meet the needs of the patient group. The service did not operate a waiting list. Staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the service in a timely manner.

Facilities and premises were appropriate for the services being delivered. The facilities were designed to ensure a seamless patient flow. The theatres had an anaesthetic room, preparation room and scrub area. The wards had individual rooms with ensuite facilities. There were height adjustable beds and other equipment to meet the needs of patients. Patients could reach call bells and staff responded quickly when called. The patient satisfaction survey from July 2021 to June 2022, showed 98% of patients said they received assistance when they needed it.

Managers worked to keep the number of cancelled operations to a minimum. Staff monitored the reasons for any cancelled appointments and this was reported each month. From August 2021 to July 2022, the service cancelled 67 surgeries, which was 1% of all surgeries. When patients had their admissions cancelled, staff ensured they were rearranged as soon as possible. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The hospital had a doctor working under practising privileges who was a trained psychologist and patients could be referred where necessary. The service had two dementia and learning disability champions. There were no patients on the ward with additional needs at the time of our inspection, but staff understood the adjustments that may be required to assist patients.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked where patients had needs in relation to language, hearing, sight and mobility. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patients wearing a hearing aid.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients' dietary requirements were checked at the pre-operative assessment stage so that these could be catered for without delay. Patients could speak with staff if they had any special dietary requirements.

The hospital had a multifaith room where patients and staff could spend quiet time in contemplation or prayer.

The service had an up to date equality and diversity policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. All staff undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff completed training in equality, diversity and inclusion (99%).

Surgery

Access and flow

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

People could access services and appointments in a way and at a time that suits them. There were no waiting lists for the service and staff worked together to facilitate rapid access to services. Patients were offered the first available appointment. In the previous 12 months, the service performed 4684 surgeries. All patients had been offered an appointment within two to three weeks when compared to the national average 18-week referral to treatment time. Staff ensured there was sufficient time to complete a pre-operative assessment before patients were booked for surgery. Patients booked their surgery at a time that was convenient to them.

There was a comprehensive pre-operative assessment to reduce the risks associated with surgery and anaesthesia. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

Managers and staff worked to make sure that they started discharge planning as early as possible. We saw that discharge was a core part of the pre-operative assessment, which included any physiotherapy needs as well as any equipment or community support requirements. Most patients said the process to prepare to leave hospital and return home met their expectations (88%).

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint leaflet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. There were 10 complaints in the previous 12 months. Records showed the complaints were reported and investigated in line with the service's complaints procedure. Staff could give examples of how they used patient feedback to improve the service. For example, medical secretaries had additional training on information governance.

Are Surgery well-led?

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

Surgery

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. However, both the hospital director and matron were new to the role, so the leadership team was not fully established.

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver sustainable care. The hospital's senior management team included the hospital director, sales and services manager, matron, and theatre manager. However, the hospital director started working at the hospital in June 2022 and managed another hospital in Nuffield Health, while the matron was a 'roving matron' who would remain in post until October 2022 when the new matron commenced employment. The roving matron started at the hospital in July 2022. The hospital did not have an established management team because of these changes. We spoke with the hospital director and matron who understood the risks of a lack of stability within the leadership team.

Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

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

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

Managers supported staff to develop their skills and take on more senior roles. For example, the ward sister was enrolled in a leadership and management course as a part of career development.

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

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The hospital had a clear vision and strategy. The shared purpose was to advance, promote and maintain the health and healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind for the public benefit. The strategic intent was to help individuals to achieve, maintain and recover to the level of health and wellbeing that they aspire to, by being a trusted provider and partner. The strategy recognised the importance of multi-disciplinary care and valued the contributions of all members of the clinical and non-clinical teams. The hospital developed their vision and strategy by listening to staff and patients and responding to their needs.

The hospitals values included being connected aspirational, responsive, ethical, foundations of social impact, connected health, quality services and outcomes and financial sustainability.

Surgery

Plans were consistently implemented, and had a positive impact on quality and sustainability of services. The strategic objectives were regularly reviewed to ensure the sustainability of the service.

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

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

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

Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing walk around the service every day.

There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. In a sample of staff surveys from February to June 2022 85% of staff said they were confident they were not discriminated against and 87% said the hospital supported diversity and inclusion. The hospital had a diverse workforce. Staff were proud of the hospital as a place to work and spoke highly of the culture. Staff said they enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

The service provided opportunities for staff development. For example, staff were enrolled on apprenticeship courses for leadership and registered nursing.

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

Patients told us they were very happy with the hospital's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

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

Surgery

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

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. There was an effective clinical governance structure which included a range of meetings that were held regularly. These included the senior management team, heads of department, clinical heads of department, quality and safety and departmental meetings.

Staff discussed the sustainability of the service, future developments such as new services and procedures, and the level of activity and quality assurance. There were various committees that provided information to the board such as the medical advisory committee, clinical governance, infection prevention and antimicrobial stewardship, medicines management and medical gasses, medical devices and health and safety committee. The monthly service line group meetings provided data to various sub committees. The managers evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. Staff had the opportunity to discuss changes they wanted to implement.

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

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

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

The manager told us learning was cascaded to staff. All staff members had a work email account and they received regular updates.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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

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

Surgery

Risks were identified and addressed quickly and openly. There was a risk management strategy, setting out a system for continuous risk management. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included the ageing theatre lights which had been in place for 25 years and the staffing and operational impact of Covid-19.

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

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

Information Management

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

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

All staff had access, through secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff we spoke with were able to demonstrate the use of the system and retrieve information.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided training on cyber security and information governance and most staff completed it (98%).

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

Engagement

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

Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff sought patient feedback and patients provided this through surveys, online feedback and emails. However, the response rate for both the patient satisfaction and staff surveys was low (20 - 30%). Managers said the staff survey was previously completed monthly and staff now completed it every other month. The frequency of the staff survey may directly impact the staff survey and the engagement process was being reviewed.

Staff acted on patient feedback such as updating the rooms on the ward.

The hospital was engaged with a community programme where patients could use the Nuffield Health gym free of charge. These patients included those with after effects from COVID-19, joint pain, cystic fibrosis and those undergoing cardiac care.

Surgery

The hospital had the 'staff voice' which showed how the service acted on feedback from staff. Examples included sourcing garden furniture to allow staff to sit outside for breaks, a staff room for the ward and a change in shift patterns to 12 hour shifts to facilitate a better work life balance.

The hospital engaged with local GPs and provided regular training sessions on topics such as skin cancer, hernia management and referral criteria for gynaecology and ear, nose and throat (ENT).

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There were open and transparent reviews of incidents and complaints and learning was consistently shared with staff to improve patients' experience. The hospital reviewed and completed a root cause analysis for all serious incidents.

The hospital undertook a comprehensive review of the hospital pharmacy and medicines management as a part of its quality improvement programme.

There had been an investment in new information technology systems and there were plans to introduce electronic patient care records. The new system was due to be implemented in the hospital in March 2023.

A new quality dashboard was being developed to facilitate more comprehensive quality monitoring and reporting.

The endoscopy unit maintained its Joint Advisory Group accredited (JAG) demonstrating that it had the competency to deliver against measures in the endoscopy global rating scale.