

Somerset Surgical Services

Quality Report

Weston General Hospital
Grange Road
Uphill
Weston-super-Mare
Somerset
BS23 4TQ
Tel: 01934 881105
Website: www.somersetsurgicalservices.co.uk

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December 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

Somerset Surgical Services is an independent provider of health services located at Weston General Hospital, Weston-super-Mare, Somerset. It engages consultant surgeons and anaesthetists on a self employed basis, to carry out elective (that is non-emergency) surgery for NHS patients which are otherwise not provided at Weston General Hospital. To provide this service, Somerset Surgical Services has an agreement with Weston Area Health NHS Trust to use their facilities and nursing staff at Weston General Hospital.

We carried out an announced inspection visit to this service on 12 and 13 July and 8 of December 2016. This was part of our programme of inspection of independent health providers. Overall, we rated this service as good.

Are services safe

- Incidents involving patients of Somerset Surgical Services were reported and dealt with effectively. There was a good culture of reviewing incidents at a senior level.
- Somerset Surgical Services were provided with access to the audit data of Weston General Hospital to determine that infection control practices, medicines' management, and equipment and facilities were safe.
- Staff were knowledgeable about the duty of candour legislation, and their responsibilities around this.
- Staff were up-to-date with their mandatory training.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable people.

Are services effective

- Relevant and current evidence-based guidance, standards and legislation were identified and used to develop how services, care and treatment were delivered.
- Feedback from patients was positive and all recommended the service.

Are services caring

- We received positive feedback about staff and services from all of the patients we spoke with. We heard patients were treated with respect and shown kindness by nursing staff and consultants when they visited outpatient clinics.
- Patients told us the administrative staff working for Somerset Surgical Services were friendly, patient and helpful.

Are services responsive

- Somerset Surgical Services worked in collaboration with local clinical commissioning groups and Weston Area Health NHS Trust to develop services to meet local people's needs.
- The service focused its developments on specialty areas that were not delivered by Weston Area Health NHS Trust. These services were delivered to enable local people to have their treatment at Weston rather than need to travel out of the area.
- People had timely access to initial assessment and diagnosis. Somerset Surgical Services' waiting times for referral to treatment (RTT) were consistently below the NHS England target of 18 weeks.

Are services well-led

- Somerset Surgical Services provided safe care and treatment. It gained the appropriate assurances that services delivered for their patients by Weston General Hospital (the NHS hospital that provided the facilities and nursing staff) were safe.
- Somerset Surgical Services' stated vision was "to provide first class patient care, quickly and safely as possible." This had been successfully delivered by the clinical and the administration staff team, and through the management of the service.

Summary of findings

- The service, in conjunction with its two sister organisations located in other parts of the UK, had a vision and strategy to develop the services it provided. It planned to work in cooperation with NHS trusts and commissioning bodies to provide surgical procedures that were complimentary to those provided by the hospitals they were located in and working with.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Rating Summary of each main service

Surgery

Good



- Incidents were reported and dealt with effectively and there was a good culture of discussing incidents at a senior level.
- Staff were aware of their responsibilities to safeguard vulnerable people.
- Staff were appropriately qualified and trained for their roles. They had regular reviews of their competence.
- Relevant and current evidence-based guidance, standards and legislation were used to develop how services, care and treatment were delivered.
- There was a multidisciplinary approach to patient care and close links between Somerset Surgical Services and the host NHS trust, Weston Area Health NHS Trust.
- Feedback from patients was positive and all those we spoke with recommended the service.
- Services were planned and provided to meet the needs of the local population who otherwise would have to travel out of the area for the procedures undertaken by the organisation.
- Patients were treated in a timely way and the surgery services were delivered well within the national 18-week target.
- People were enabled to complain or raise concerns that were listened to and acted upon.
- There was a good culture among staff at the service with strong and committed leadership.

Outpatients and diagnostic imaging

Good



- There were systems for recording incidents and a clear process for learning from concerns. There was a good integrated approach with the host NHS trust for the sharing information and learning.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable people.
- There was a service level agreement with the host trust, Weston Area Health NHS Trust, for the provision of diagnostic or imaging a patient required.

Summary of findings

- Staff employed by Somerset Surgical Services were suitably trained and qualified for their roles.
- There was good multidisciplinary working between Somerset Surgical Service staff and the medical staff who undertook patient consultations.
- We received positive feedback about staff and services from all the patients we spoke with. We heard that patients were treated with respect and shown kindness by nursing staff and consultants when they visited outpatient clinics.
- Somerset Surgical Services worked in collaboration with local clinical commissioning groups and Weston Area Health NHS Trust. The service focused its developments on specialty areas that were not delivered by the trust.
- People had timely access to initial assessment and diagnosis and waiting times for referral to treatment were consistently below the NHS England target of 18 weeks
- Clear information was provided to patients about how to make a complaint or raise a concern. Somerset Surgical Services gained the appropriate assurances that services delivered for their patients by the host NHS trust were safe.

Summary of findings

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Good 

Services we looked at: Surgery; Outpatients and diagnostics.

Summary of this inspection

Background to Somerset Surgical Services

Somerset Surgical Services is an independent provider of health services located at Weston General Hospital, Weston-super-Mare, Somerset. The service employs an operations manager and an administration team. Consultant surgeons and anaesthetists are engaged on a self-employed basis. The service carries out elective (that is non-emergency) surgery for NHS patients commissioned by the Bristol, North Somerset, South Gloucestershire and, more recently, Somerset Clinical Commissioning Groups. Somerset Clinical Commissioning Group became an associate of the contract in April 2016. It provides a range of procedures, which includes orthopaedic, simple spinal surgery, Maxillo-facial, hand and wrist surgery, ophthalmology and non-complex plastic surgery.

Somerset Surgical Services provides two core services:

- Surgery
- Outpatients and diagnostic imaging

It is registered for the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease disorder or injury

To provide these services, Somerset Surgical Services has an agreement with Weston Area Health NHS Trust (the host NHS trust) to have access to their facilities and nursing and operating theatre staff at Weston General Hospital. There is an agreed framework for Somerset Surgical Services to provide outpatient clinics and surgery for some procedures not currently offered by Weston Area Health NHS Trust. To accommodate this, pre-admission assessment, day case, and inpatient nursing care is provided by Weston General Hospital's staff under a service-level agreement between the organisations. The additional work delivered by Somerset Surgical Services is built into planning within the NHS staff and hospital's service provision.

Somerset Surgical Services was established in 2012 and has developed what it provides to local residents in

response to changes and recognised gaps within Weston Area Health NHS Trust's services. Somerset Surgical Services also offers some patients the opportunity of waiting-list-transfers from other NHS trusts to Weston General Hospital. Patients being cared for by Somerset Surgical Services are provided with all the support services given to any other NHS patients treated at Weston General Hospital. This includes nursing care, medical review, physiotherapy, pharmacy and, if required, out of hour's emergency care.

From its establishment in 2012, Somerset Surgical Services' activities have increased year upon year. There were 731 new referrals in 2013 with 260 follow-ups, 255 day-case patients and no inpatient stays. During the twelve-month period between April 2015 and March 2016, the service undertook 2,047 first time appointments in outpatients. The service completed 1,380 surgical procedures; of these 26 were as inpatients. The surgery completed for this period was broken down as follows:

Maxillofacial 4%

Ophthalmology 34%

Oral 9%

Orthopaedic 21%

Plastic 24%

Spinal 8%

Somerset Surgical Services consisted of three company directors, commercial, operations, administrative managers, and five clerical and administrative staff. At the time of our inspection, the organisation employed 22 consultant surgeons, anaesthetists and dentists practising under a private contract. Since our first inspection and prior to our return, a nursing sister had been employed by the organisation to work closely with staff at Somerset Surgical Services and the host NHS trust, Weston Area Health NHS Trust.

Summary of this inspection

Our inspection team

The inspection was led by Simon Massey, Inspector, CQC.

The inspection team consisted of two CQC inspectors.

How we carried out this inspection

As part of this inspection, we collected data and intelligence from a variety of sources, including the provider, patients and stakeholders. We undertook an announced visit of the registered location on 12 and 13 July 2017 on the site of Weston General Hospital, and met with the registered manager, administration staff and the commercial manager. We spoke with three nursing staff employed by Weston General Hospital who were providing an outpatient service to Somerset Surgical Services, and the manager of the outpatients' department. We met with three surgeons and the Weston

General Hospital theatre manager. We met, or spoke with via telephone, 20 patients and five relatives. We also collected 15 comment cards completed for us in recent months by patients using the service.

To learn more about the service, we undertook a further announced visit in December 2016. During this visit, we spoke with two patients who had undergone an elective procedure that day, nursing staff, the theatre manager, the managing director, the operations manager, a consultant surgeon, and a consultant anaesthetist. We met and spoke with the nursing sister who had just been employed by the organisation.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



- Incidents involving patients of Somerset Surgical Services were reported and dealt with effectively. There was a good culture of reviewing incidents at a senior level.
- Somerset Surgical Services were provided with access to the audit data of Weston General Hospital to determine that infection control practices, medicines' management, and equipment and facilities were safe.
- Staff were knowledgeable about the duty of candour legislation, and their responsibilities around this.
- Staff were up-to-date with their mandatory training.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable people.

Are services effective?

Good



- Relevant and current evidence-based guidance, standards and legislation were identified and used to develop how services, care and treatment were delivered.
- Feedback from patients was positive and all recommended the service.

Are services caring?

Good



- We received positive feedback about staff and services from all of the patients we spoke with. We heard patients were treated with respect and shown kindness by nursing staff and consultants when they visited outpatient clinics.
- Patients told us the booking staff working for Somerset Surgical Services were friendly, patient and helpful.

Are services responsive?

Good



- Somerset Surgical Services worked in collaboration with local clinical commissioning groups and Weston Area Health NHS Trust to develop services to meet local people's needs.
- The service focused its developments on specialty areas that were not delivered by Weston Area Health NHS Trust. These services were delivered to enable local people to have their treatment at Weston rather than need to travel out of the area.

Summary of this inspection

- People had timely access to initial assessment and diagnosis. Somerset Surgical Services' waiting times for referral to treatment (RTT) were consistently below the NHS England target of 18 weeks.

Are services well-led?

- Somerset Surgical Services provided safe care and treatment. It gained the appropriate assurances that services delivered for their patients by Weston General Hospital (the NHS hospital that provided the facilities and nursing staff) were safe.
- Somerset Surgical Services' stated vision was "to provide first class patient care, quickly and safely as possible." This had been successfully delivered by the clinical and the administration staff team, and through the management of the service.
- The service, in conjunction with its two sister organisations located in other parts of the UK, had a vision and strategy to develop the services it provided. It planned to work in cooperation with NHS trusts and commissioning bodies to provide surgical procedures that were complimentary to those provided by the hospitals they were located in and working with.

Good



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	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients & diagnostic imaging.

Surgery

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

Information about the service

Somerset Surgical Services operated under a contract with Weston Area Health NHS Trust to use the facilities and nursing staffing at Weston General Hospital. This included outpatient clinics, preoperative assessment, diagnostics, theatres and ward areas such as the day surgery unit. Patients of Somerset Surgical Services were cared for by nursing staff employed at Weston General Hospital, but had consultations and surgery from NHS consultants engaged by Somerset Surgical Services on a self-employed basis. It was commissioned by the local-area clinical commissioning groups to provide NHS operations not otherwise available in the local area.

Somerset Surgical Services was a growing service, which offered a wider choice of non-emergency clinical services to the local community. The service was providing the following procedures: non-complex spinal surgery, ophthalmology (cataract surgery), orthopaedic services, including complex foot and ankle surgery, hand and wrist surgery, non-complex plastic surgery, oral surgery, and diagnostics and screening. The service was commissioned to provide transfers from other NHS hospitals if the opportunity arose. Somerset Surgical Services only treated patients over the age of 18 years.

Over two announced inspections, we visited the outpatient area, the day surgery unit, operating theatres and the organisations' offices. We spoke with patients, members of the administration and clinical teams, consultants, and staff in Weston General Hospital who were providing care and support to patients of Somerset Surgical Services.

Summary of findings

We rated surgical services as good overall because:

- Incidents were reported and dealt with effectively and there was a good culture of discussing incidents at a senior level.
- Staff were aware of their responsibilities to safeguard vulnerable people.
- Staff were appropriately qualified and trained for their roles. They had regular reviews of their competence.
- Relevant and current evidence-based guidance, standards and legislation were used to develop how services, care and treatment were delivered.
- There was a multidisciplinary approach to patient care and close links between Somerset Surgical Services and the host NHS trust, Weston Area Health NHS Trust.
- Feedback from patients was positive and all those we spoke with recommended the service.
- Services were planned and provided to meet the needs of the local population who otherwise would have to travel out of the area for the procedures undertaken by the organisation.
- Patients were treated in a timely way and the surgery services were delivered well within the national 18-week target.
- People were enabled to complain or raise concerns that were listened to and acted upon.
- There was a good culture among staff at the service with strong and committed leadership

Surgery

Are surgery services safe?

Good 

Summary

We rated safety in surgery services as good because:

- Staff understood their responsibilities to raise concerns, to record safety incidents, and near misses, and to report them. There was a good culture amongst staff at all levels when reporting incidents. Any incidents were investigated and lessons learned. There were no never events or serious incidents relating to this organisation.
- Somerset Surgical Services sought assurances from Weston Area Health NHS Trust that the care delivered to their patients under its agreement was safe. This included, for example, assurances on staffing levels, medicines management, infection control, the environment and equipment.
- Records were stored and transported safely, and patient confidentiality was maintained.
- Staff were completing mandatory training and safeguarding awareness training.
- Somerset Surgical Services were provided with assurance, through audit by the host NHS trust, that comprehensive risk assessments to avoid patient harm were carried out.

Incidents

- The service had procedures to monitor safety and to ensure that lessons could be learned when required. Somerset Surgical Services used an incident reporting system to record any incidents. Staff had access to the system, which was provided for them by the host NHS trust.
- Incidents affecting or connected with Somerset Surgical Services were discussed at its senior management team meetings. During these meetings, issues were shared, actions were drawn up, and learning was shared among relevant staff. If necessary, the information was shared with Weston General Hospital staff. We saw evidence of actions relating to incidents documented in the senior management team meeting minutes.
- Actions taken led to changes and improvements. We were told of an incident following a delayed identification of a Somerset Surgical Services'

histopathology test result. After analysis of the incident, a new process was created within the pathology department at Weston General Hospital to avoid any repetition.

- The organisation had not experienced any never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death. The organisation had also not had any serious incidents.

World Health Organisation (WHO) surgical safety checklist

- Somerset Surgical Services was informed of audit results within the NHS Five Steps for Safer Surgery, which included the WHO surgical safety checklist. The WHO checklist is an internationally recognised system of checks designed to prevent avoidable harm during surgical procedures. Audits of compliance with the checklist and the Five Steps were completed by Weston General Hospital on a monthly basis. These were displayed on the hospital's quality assurance dashboard to which Somerset Surgical Services was given access. We visited the operating theatres where we saw information on the WHO checklist and Five Steps for Safer Surgery was displayed for all staff to read.
- The service was aware of how theatres were working on National Safety Standards for Invasive Procedures (NatSSIPs). NatSSIPs bring together local and national learning from the analysis of never events, serious incidents and near misses in surgery. They aim to enhance the safety and quality of the WHO checklist by looking at additional influences, this includes theatre list scheduling, and reviews education and training. Somerset Surgical Services were assured this work was well advanced in the Weston General Hospital operating theatres, and described how it enhanced the care and safety of all patients.

Duty of candour

- Staff were aware of the requirements to follow the duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation that was introduced in November 2014. This Regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care, and the patient suffers harm or could suffer harm, which falls into defined thresholds. The operations manager, manager of the administration team and the clerical staff that talked with were aware

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of this regulation and when it should be implemented; however, they had never needed to apply it. To make sure that staff kept up to date with the regulation, the duty of candour was an agenda item during a team meeting when the policy was reviewed and key points were summarised.

Safety thermometer

- The NHS safety thermometer is a collection of data of avoidable patient harm submitted by all hospitals treating NHS inpatients once a month. It allows teams to assess safety and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE). As Somerset Surgical Services' patients were nursed under agreement with Weston General Hospital, this data was part of the submission by the hospital. Somerset Surgical Services were then able to review how the hospital performed on the NHS website.
- During the period between, April 2015, and March 2016 Somerset Surgical Services completed 1,380 surgical procedures. Only 26 of these procedures required an overnight stay, and consequently very few patients would have been an inpatient during the safety thermometer data collection day. Despite this, after our first visit, and prior to our second visit, Somerset Surgical Services had registered to submit data to the monthly safety thermometer. Additionally, the service was collecting this data for all inpatients, regardless of the date of the safety thermometer collection.
- Somerset Surgical Services monitored the assessment of risk factors, such as venous thromboembolism (VTE) on those patients who received a general anaesthetic. Over the period of July to September 2016, completion of VTE risk assessments was 99.5%. There were no reports of any patients developing a VTE during the year from April 2015 to March 2016.

Cleanliness, infection control and hygiene

- Somerset Surgical services were assured that there were reliable systems to prevent and protect people from a healthcare associated infection, by accessing audit data collected by the hospital.
- There were no hospital-acquired infections. During the year from April 2015 to March 2016, Somerset Surgical Services reported no incidences of hospital-acquired

methicillin-resistant *Staphylococcus aureus* (MRSA), methicillin-sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E-Coli) or *Clostridium difficile* among its patients

- There were two reported surgical site infections in the period from April 2015 to March 2016. We spoke with the consultant surgeon who explained how these had been investigated. No significant harm had been suffered by the patient and no themes were identified to suggest there were issues with the equipment, systems or processes
- There was good adherence to hand-washing procedures. We observed that staff on the day surgery unit and in the preadmission clinic washed their hands in line with best practice and immediately before and after every episode of direct patient contact or care. All the patients we spoke with told us that they saw staff wash their hands before and after patient contact.
- In the hospital's operating theatre department, the theatre manager monitored and recorded all environmental audits and cleaning rotas. Elements of these were then uploaded to the hospital's central quality assurance dashboard. Somerset Surgical Services had access to this quality assurance dashboard, which monitored the performance and compliance data with hand hygiene, environmental audits, MRSA, MSSA, E-Coli rates and catheter-associated infections.
- The areas and facilities we saw that were used by Somerset Surgical Services' patients were visibly clean, tidy and dust free. Equipment, which was for the sole use of Somerset Surgical Services, such as microscopes and a dental drill, were stored in a locked cupboard with covers to protect them from dust. We asked the staff if they were regularly cleaned, they said they were cleaned routinely prior to use, but there was no documented evidence.

Environment and equipment

- There were clear systems, processes and practices to ensure the maintenance and use of equipment kept people safe. Somerset Surgical Services logged service history for their own equipment. This detailed what the equipment was, where it was kept, when the last service was carried out, and when the next service was due.
- There were nine items of equipment on the log and all were up to date with their appropriate service requirements.

Surgery

- We checked three out of the nine pieces of equipment, which showed up to date evidence of portable appliance electrical testing.
- Staff in Weston General Hospital's operating theatre department explained that if a problem occurred with any equipment, they were aware of who to contact within Somerset Surgical Services. We were given an example of when an ophthalmology piece of equipment was found to be broken and procedures had to be cancelled. Somerset Surgical Services were informed immediately. They then contacted the local contractor who was able to diagnose the problem and fix it within four days. Apologies were made to all the patients that had their procedures cancelled and these were rescheduled within 28 days.

Medicines

- Somerset Surgical Services did not provide their own medicines and therefore operated under the Weston Area Health NHS Trust medicines' policy. This was up-to-date and due for review in 2017. Somerset Surgical Services used the trusts microbiology policy in line with NICE guidelines for the administration of any antibiotics. This policy was in date and due for review in 2018.
- Furthermore, Somerset Surgical Services were contracted to be able to use the Weston General Hospital pharmacy department and pharmacy staff so patients could obtain the medicines they required.

Records

- There were clear systems and processes to ensure medical notes were kept safe and that confidentiality was protected. Somerset Surgical Services' staff followed their organisation's policy and the Weston Area Health NHS Trust policy for guidance for health record management, security and confidentiality.
- Patients that were under the care of Somerset Surgical Services had their notes distinguished with a blue sleeve. Inside each set of patient notes was a sheet of information, which clearly identified this was a patient under the care of Somerset Surgical Services, who their consultant was, and how to contact them. The pre-assessment of the patient was recorded and included in their notes.
- Somerset Surgical Services had an information governance lead, who was available for advice on any

record-management issue. Information governance and the safety and security of records were a regular agenda item during Somerset Surgical Services' senior management team meetings.

- Records were produced for patients booked for surgery at short notice. Temporary files were only created for patients when their original files were not available. Files included the referral letter, patient-note sheets and provider identifying labels. Temporary records were merged into the permanent records as soon as the records for the patient were available. Some notes were stored securely off site but were available by request within 48 hours.

Safeguarding

- Somerset Surgical Services had assurance that there were reliable systems, practices and processes to keep people safe and safeguard them from abuse. Staff were trained to recognise and respond in cases of safeguarding.
- All the administrative staff employed by Somerset Surgical Services had completed level one, safeguarding training. This was covered in the corporate induction training run by Weston General Hospital which Somerset Surgical Services staff were able to attend as part of their induction. Safeguarding refresher training was completed in line with trust requirements as part of non-clinical essentials training every 2 years.
- The manager and administrative staff at Somerset Surgical Services were clear about the process to follow if there was need to report a safeguarding concern. The administrative staff we spoke with were up to date with their safeguarding training. They were confident in the processes for reporting alerts to the safeguarding lead for Somerset Surgical Services. Clear information was provided to the staff with regard to the process to be followed and who was to be contacted.
- Somerset Surgical Services had completed a self-assessment in November 2015 against all the recommendations, which had arisen following the government's investigations into matters relating to Jimmy Savile. An agreement was reached with Weston General Hospital for being able to rely upon all Disclosure and Barring Service (DBS) checks completed on hospital staff and volunteers. The decision by the Medical Advisory Committee was to request all Consultants share any updated Disclosure and Barring Service (DBS) checks undertaken with their host trust or

Surgery

via any private practice. The agreement was for checks to be repeated every three years. If no updated DBS checks had been undertaken then Somerset Surgical Services told us they would undertake random checks on consultants working for their service.

Mandatory training

- Somerset Surgical Services did not directly employ nursing staff but used nurses who were employed with either the approved nurse bank or directly by Weston General Hospital. It was the nurse bank or the ward's responsibility to ensure nursing staff were up to date with their mandatory training. We spoke with the senior ward sister for outpatients and she could assure us that should Somerset Surgical Services need to, they could access a particular nurse's file and review their mandatory training.
- Somerset Surgical Services own staff were 100% up-to-date with their mandatory training. This included, among other more typical subjects such as health and safety and fire training, equality and diversity training, information governance, and dementia awareness.

Assessing and responding to patient risk

- Somerset Surgical Services were assured that Weston General Hospital carried out standardised, comprehensive risk assessments for its patients. In the period between April 2015 and March 2016, in line with NICE guidance, every patient who had a general anaesthetic had an appropriate risk assessment to prevent developing a blood clot (venous thromboembolism). There were no reports of any patients developing a blood clot post-operatively.
- Somerset Surgical Services informed us that as part of the practising privileges contract, consultant surgeons and anaesthetists were required to offer on-call, 24-hour care until a patient was discharged. Patient notes recorded which consultant to call in the case of an emergency or for advice based on increasing risks.
- Risks were reduced by managing the procedures on specific days. As a result, only local anaesthetic cases were performed on a weekend. When a joint replacement operation was carried out towards the end of a week, the consultant surgeon who completed the operation visited their patient over the weekend, and every day until that patient was discharged.
- There were arrangements to manage deteriorating patients. Arrangements had been made for any patient who was at risk or showing signs of deterioration to be

managed by Weston General Hospital's out of hours on call team. This included the hospital's consultant physicians who would be involved in the patient's care should an emergency medical episode develop. A senior nurse in the day surgery unit described how a patient developed breathing difficulties and had not been fit for discharge that night. The patient's consultant was contacted and referred the patient who was cared for by the surgical and medical out of hours' team for overnight monitoring. The consultant visited the next morning and the patient was successfully discharged.

Nursing staffing

- Somerset Surgical Services did not employ their own nursing staff but used Weston General Hospital staff to care for their patients under the service level agreement. The manager for Somerset Surgical Services met with the theatre manager to gain assurances that staffing levels were safe during the planning of theatre lists. Although they did not employ nursing staff, the organisation had records for nurses employed on a casual worker basis detailing their qualifications, mandatory training, skills and experience.

Surgical staffing

- Somerset Surgical Services engaged consultants to operate under practicing privileges. There were 22 consultants and anaesthetists employed to deliver outpatient clinics and perform surgery to safely meet the needs of patients.
- Under their contract, consultants and anaesthetists were required to provide care to the patient either by being present in the hospital, or on-call over 24-hours until that patient was discharged from hospital.

Major incident awareness and training

- Somerset Surgical Services business continuity plan had been developed in line with and in support of Weston General Hospital's plans and policies. The service had access to the hospital's website that contained its incident and escalation plans. The business continuity plans documented a clear allocation of responsibility in the case of a major incident or a failure of services, with contact procedures clearly established.

Surgery

Are surgery services effective?

Good 

Summary

We rated effectiveness of surgery services as good because:

- Care and treatment was delivered in line with legislation, and evidence based guidance.
- There was an effective multidisciplinary approach at all levels and effective follow up on issues and themes identified through audit.
- Regular audits provided assurance that consent was always obtained by consultants.
- Information about the outcomes of people's care and treatment was routinely collected and monitored.

However:

- The service did not monitor whether patients were given effective pain relief or had any concerns with nutrition and hydration after surgery.

Evidence-based care and treatment

- Patient's needs were assessed and care was delivered in line with legislation, standards and evidence based guidance. Somerset Surgical Services followed the cataract pathway commissioned by the Royal College of Ophthalmologists and NICE guidelines for cataract surgery.
- Oral surgery was delivered as a specialised service commissioned by NHS England. All referrals were assessed in line with NHS England's Guides for Commissioning Dental Specialities.
- Somerset Surgical Services aimed to deliver best practice on a given speciality. An example of this was ensuring that discectomy (spinal surgery) patients were admitted as day cases earlier in the day, rather than later on in the day, to avoid an overnight stay.

Pain relief

- Somerset Surgical Services did not capture feedback from its patients on pain relief. The patient satisfaction survey was used to gain information about patient experiences of consultants, nurses and administration staff. The organisation had recently updated the patient satisfaction survey to include a free text box and make it more user-friendly: there was no specific question regarding pain management. However, we spoke with

five patients over the telephone and saw two patients who were recovering from their operation who all said their pain was managed appropriately during and after their procedures.

Nutrition and hydration

- Safe patient nutrition and hydration was practiced prior to surgery. Patients were given accurate advice and guidance around fasting in preparation for surgical procedures. This included advice on when they should stop eating and drinking, and was dependent upon their procedure being a day-case or involving an overnight stay in hospital.
- Somerset Surgical Services did not capture specific feedback from patients on nutrition and hydration. There was no specific question in the patient satisfaction survey.

Patient outcomes

- Information about the outcomes of peoples care and treatment were routinely collected and monitored. Somerset Surgical Services' patient outcomes were reviewed as part of their patient satisfaction survey. Questions were based on ease of obtaining care, waiting times, staff, facilities, cleanliness of the ward, patient privacy, dignity and confidentiality, whether they were happy with their treatment, and if they would recommend the service. Eighty percent of patients were extremely likely and 16% of patients likely to recommend the service during the period between January and July 2016.
- Somerset Surgical Services participated in the programme of Patient Reported Outcome Measures (PROMs). PROMs assess the quality of care delivered to NHS patients from the patient's perspective and calculate the health gains after surgical treatment using pre- and post-operative surveys. PROMs currently cover four clinical procedures, hips and knee replacements, groin hernia and varicose veins. Somerset Surgical Services recorded hip and knee replacement information, however as patient numbers were so small this information was collected and submitted alongside the Weston Area Health NHS Trust data. Individual surgeons could access their figures and these were discussed during the appraisal process.
- Somerset Surgical Services reported to the National Joint Registry (NJR). The NJR was set up by the Department of Health in 2002 to collect information on all hip, knee, ankle, and elbow and shoulder

Surgery

replacement operations. It also monitored the performance and effectiveness of joint replacement implants and different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. There were low numbers of joint replacements carried out by Somerset Surgical Services so the NJR was collected and submitted alongside the Weston Area Health NHS Trust data.

- Due to the low numbers of joint replacements, Somerset Surgical Services did not provide a service for patients that required a long-term follow-up. In the case of primary joint replacements, patients were notified to the trusts joint replacement follow up programme.
- The majority of patients who underwent oral surgery were discharged without the need for a follow up appointment. This indicated care was provided with a successful outcome on the first visit. However, Somerset Surgical Services administration staff carried out a courtesy call to check if the patient had recovered and if there were any further issues.

Competent staff

- Somerset Surgical Services employed consultants who were specialists in their respective areas and held NHS posts in the same specialism.
- Consultants had to complete Somerset Surgical Services practising privileges application form. They were also required to sign a copy of the terms and conditions of the practising privileges contract. Under this contract, consultants were required to provide up-to-date copies of their NHS appraisal summary, indemnity insurance, and registration with the General Medical Council (GMC). Consultant's yearly appraisals were carried out at their main place of employment and in line with the GMC's five-year revalidation programme. We reviewed three sets of consultant files and found all these documents to be current and available.
- All administrative staff had been through a current appraisal of their competence and development in the previous 12 months.

Multidisciplinary working

- There was good cooperation between Somerset Surgical Services and staff at Weston General Hospital to deliver effective care and treatment. There were good working relationships with the operating theatres and day surgery unit with regular planning meetings.

- Weston General Hospital physiotherapy staff were available to deliver rehabilitation to Somerset Surgical Services patients during their inpatient treatment.
- Operating theatre scheduling meetings were held weekly and these included Somerset Surgical Services' staff.

Seven-day services

- There was access to services provided by Weston Area Health NHS Trust under the agreement between the two services. This included physiotherapy or radiology services.
- Somerset Surgical Services operated six days a week in times allocated to them under their agreement with Weston Area Health NHS Trust. Consultants were available on call seven days a week and the trust provided in-hospital on-call services within its contract for patients seven days a week.

Access to information

- The information required to deliver effective care and treatment was available to all staff in an organised, secure and timely way. Patient's records were available either from the secure storage at Weston General Hospital or from the archive storage within 48 hours.
- Care summaries were sent within a week to patients' GPs. These summaries included any discharge medications or changes to a patients normal medications.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The operations manager had an understanding of the application of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005, and was aware of the need for informed consent. There were policies for staff to follow in the event a patient lacked the mental capacity to make their own decisions.
- Regular audits provided assurance that consent was always obtained appropriately by consultants. Signed consent forms were always retained in patient notes. One area of concern from the audit was consultants being able to demonstrate that consent had been reconfirmed by a patient if there had been a gap between the original consent decision and the procedure taking place. This had been discussed at the

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Medical Advisory Committee (MAC) and senior management meetings and consultants reminded to ensure there was evidence for reconfirmation of consent.

- The staff we spoke with all had an understanding of the Mental Capacity Act 2005 and the need for informed consent. In the event of a patient not having the mental capacity to make their own decisions, a consultant would complete a capacity assessment. Care and treatment would then be provided in a patient's best interests. There were, however, only a limited number of patients who would meet these criteria.

Are surgery services caring?

Good 

Summary

We rated caring in surgery services as good because:

- Patients were treated with compassion, kindness, dignity and respect and the results of the patient satisfaction survey were consistently high.
- The patients we spoke to were overwhelmingly positive about their experience, and praised the administrative staff for the smoothness of the process.
- Administration staff took time to interact with people who used the service and those close to them in a respectful and considerate manner. Patients commented on the importance to them of having a named administrative person to speak to.
- The administration staff recognised when people who used the services and those close to them needed additional support to help them understand and be involved in decisions around their care and treatment.

Compassionate care

- Patients and their relatives told us they were treated with dignity, respect and compassion.
- Somerset Surgical Services did not use the NHS Friends and Family Test questionnaire as they had developed their own patient satisfaction survey. They monitored and adapted this as necessary, and provided online access and pre-paid envelopes for patients to use. Feedback from patients had led to the service providing courtesy calls for post-operative patients who did not

routinely require a follow up. One patient told us how they appreciated the follow-up call and had been able to ask some further questions they had not thought to ask during the time of their admission.

- The results from the patient satisfaction survey (2013-2016) showed that consistently over 90% of patients were happy with how confidential the service was.
- Every patient we spoke with, either awaiting a procedure or having had their procedure, spoke highly of the service.

Understanding and involvement of patients and those close to them

- Patients and their relatives told us they had opportunities to discuss their concerns prior to their admission and during their treatment. They were able to talk easily with the administration staff, the consultants or any other staff connected with the service.
- The patients we spoke with were overwhelmingly positive about having a named member of the administration staff to speak to at every step of their journey. Every patient had a point of contact. When we spoke with patients and relatives, even after they had been discharged, they could still name that person.
- We spoke with a patient's relative who expressed gratitude to both the administration staff and the consultant as they "went the extra mile" to ensure the patient, who had additional needs, had timely access to their appointment. We were informed how every concern that was raised was dealt with immediately and with no fuss. It made what could have been a very difficult process for the patient what was described as "seamless and hassle-free."

Emotional support

- Patient's spoke highly of the support they got from the administrative staff and the ward nurses and that all their worries were listened to, and any fears addressed.

Are surgery services responsive?

Good 

Summary

We rated responsiveness of surgery services as good because:

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- Services were planned and provided to meet the needs of the local population who otherwise had to travel out of the area for certain surgical procedures.
- Services could be planned and delivered to take into account the needs of people with complex needs.
- Patients reported that the appointment booking systems were easy to use and helped people to make and attend appointments.
- Patients understood how to make a complaint or raise a concern. Complaints were handled responsively and lessons were learnt and shared.

Service planning and delivery to meet the needs of local people

- Somerset Surgical Services and the clinical commissioning group met regularly to plan services. This was done by continuous assessment of the needs of the local population and what services the organisation was able to provide within the contract with the local hospital trust.
- The organisation provided an ophthalmology service at Weston General Hospital. This was provided to save many older patients having to travel to Bristol for treatment for cataracts and minor eye conditions.
- Staff were encouraged to raise ideas for service improvements at all opportunities. An example of this was the development of a 'one stop clinic' for eye assessments. Rather than the patient having to return for an ultrasound biometry of the eye, which is a routine type of diagnostic test, this was carried out during the outpatient's appointment.
- The aim for the future was to plan theatre lists four to six weeks in advance so the hospital and Somerset Surgical Services could ensure a more efficient service with minimal changes.

Access and flow

- Patients had care and treatment delivered within target deadlines. Waiting times for referral to treatment (RTT) were consistently below the NHS England guidance of 18 weeks.
- Somerset Surgical Services offered flexible appointments where possible, with some surgical local anaesthetic procedures carried out at weekends.
- All GP booking services were made aware of new services when they became available so that they could respond to patient queries.
- There had been cancellations for patients when care could not be delivered safely. On occasions, services

had been affected by the number of patients in the host NHS hospital. For example, an operation list had been cancelled and rescheduled due to the day surgery unit being used for inpatients due to crowding. The rate of any cancellations at short notice were monitored and discussed with the clinical commission groups at quarterly contract performance and quality review meetings. There were discussions, for example, as in April to June 2015 there was a significant increase in cancellations, due to the bed pressures in the host NHS hospital. This had led to improved communications between the hospital and Somerset Surgical Services in times of escalation. This had helped reduce cancellations on the actual day of surgery.

- There were arrangements for periods of high occupancy in the hospital for Somerset Surgical Services patients to be cared for on a temporary ward. This was part of Weston Area Health NHS Trust's escalation policy, and Somerset Surgical Services patients could be accommodated in this way if appropriate.

Meeting people's individual needs

- The services took into account the needs of different people, adapted and responded to them so that their needs were met in the most appropriate way. This included supporting people with learning disabilities, mental health problems, and patients living with dementia. The host NHS hospital had been built to accommodate people with disabilities to provide equal access.
- Staff liaised with the appropriate department in Weston General Hospital in advance if they knew a patient living with dementia, a learning disability, or with mental health problems was due to be admitted. Staff said they were able to access any of the hospital's specialist services, such as the learning disability teams, or dementia link nurses, if required. When necessary, the hospital staff would make any onward referral for internal or external services for patients with additional needs, such as occupational therapy or district nursing services.

Learning from complaints and concerns

- Clear information was provided to patients about how to make a complaint or raise a concern. A complaints leaflet was available which explained the process to follow. Patients we spoke with confirmed they had been provided with this but none had needed to use it.

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- Somerset Surgical Services had a complaints' policy, which had been reviewed within the previous twelve months. The organisation had received no formal complaints during this period.
- We saw the minutes from the senior management team meetings, which showed that complaints and patient concerns were a standing item on the agenda. The operations manager provided feedback, if any, on this at every meeting.
- Any concerns raised in the patient feedback surveys were responded to, investigated, and lessons learned when required. For example, some feedback indicated that clearer information could be provided about the location of the Somerset Surgical Services outpatient clinic. New signage and directions in the initial paperwork sent to patients addressed this. Another comment related to the communication of appointment times. A reminder was provided to the administration staff team, with a plan to call patients to remind them of appointments within two weeks.
- Patients we spoke with said they were able to raise a concern or make a complaint if they felt it necessary. Several patients commented that the approachability of the administration team and the nurses, who supervised the clinics, meant they could sort out any concerns at the time of their appointments or over the telephone.
- Somerset Surgical Services was in the process of engaging with the local Healthwatch service to enable patients to feedback via this service. Healthwatch England is the national consumer champion in health and care services.

- The service supported learning and innovation, and promoted an open and fair culture.
- There was a strategy for delivering good quality care, backed up by a governance framework and a clear vision to provide first-class patient care.

However:

- There was incomplete evidence of immunisation or immunity in the consultants' practicing privileges documentation

Vision and strategy for this core service

- Somerset Surgical Services' stated vision was "to provide first-class patient care, quickly and safely as possible." The method for delivering this was through a strong staff team and management of the service. The organisation, in conjunction with its two sister organisations, had a vision and strategy also to develop the services it provided.
- We reviewed the quarterly Weston Area Health Trust and Somerset Surgical Services meeting minutes from April 2016. These recorded that discussions were being undertaken with a public relations company to develop a strategy for all three of the sister companies as part of their wider business plan. Work was being carried out to develop a new Somerset Surgical Services logo and provide an updated information package for local GPs.
- Somerset Surgical Services planned to continue providing a service for patients for surgical procedures that were not available within Weston Area Health NHS Trust. There was a strategy to work collaboratively and openly with the clinical commissioning groups and the NHS trust. One example of this was the development of the spinal service. Plans were to increase activity in this area by 50% over the coming 12 months.

Are surgery services well-led?

Good 

Summary

We rated leadership in surgery services as good because:

- The leadership, management and governance gained the appropriate assurances that Somerset Surgical Services delivered safe, person-centred care. The operations manager and board of directors met regularly with Weston General Hospital staff to review the running of the service.

Governance, risk management and quality measurement for this core service

- The organisation worked to a Service Level Agreement with Weston Area Health NHS Trust. This agreement, which was dated 23 January 2013, was monitored by both organisations at regular meetings to discuss performance.
- Somerset Surgical Services had a clear governance framework, which supported safe and quality care, and management of risks. We saw a good level of detail

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about incidents, complaints, and concerns, audits, and information governance in the senior management team meetings and the Medical Advisory Committee (MAC) meeting minutes.

- The provider maintained an on going risk register, which highlighted areas of concern, and the actions to be taken to reduce or manage these. We reviewed the register and saw dates of when risks were added and proposed resolution date. All risks were relevant to the service and the risks, which were open, were not overdue. Minutes showed these risks were reviewed at the senior management team meetings.
- The organisation was meeting improvement targets set by commissioners. The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered. The objective is to achieve transparency and overall improvement in healthcare and deliver better experiences, involvement and outcomes for the patient. CQUINs that Somerset Surgical Services had signed up to for the period of April 2016 to March 2017 were adherence to antimicrobial guidelines for specific procedures, staff wellbeing, and the NHS safety thermometer. During the time of our inspections, the CQUINs for wellbeing and the safety thermometer had just commenced and we saw a detailed action plan for how the service aimed to achieve its CQUIN target. Data collection for the safety thermometer was limited due to the small numbers of patients that may be inpatients on the data collection day. After discussions with the clinical commissioning group, all inpatients were to be audited by the service as evidence. For April to December 2016, all CQUIN targets for antimicrobial prescribing had been achieved.
- Somerset Surgical Services reported its performance with the national standard quality and performance indicators to the clinical commissioning groups, the host NHS trust, and its MAC. Quality standards were not mandatory but could be used in the planning and delivering of services to deliver the best possible care. They supported the government's vision for a health and care system focused on delivering the best possible health outcomes. These internal key performance indicators (KPIs) were recorded monthly and discussed at the MAC meetings and included low infection rates

returns to theatres and readmissions. Any increase in infection rates identified through monitoring of the KPI's would be alerted to the hospital's infection control teams and investigated.

- There was incomplete evidence of immunisation or immunity in the consultants' practicing privileges documentation

Leadership / culture of the service

- The leadership and culture of the service encouraged openness and transparency. Staff were encouraged to raise and discuss any concerns or make suggestions to improve or enhance services. They were encouraged and enabled to put patients at the centre of their work.
- The operations manager had the skills, knowledge and experience to lead the service effectively. We saw evidence of this in the structure and content of the minutes of meetings held within the senior teams of Somerset Surgical Services, and in the regular communication with host NHS trust and the clinical commissioning groups.
- Leadership relied heavily upon the good professional relationship with Weston Area Health NHS Trust. Somerset Surgical Services leadership were aware of a reliance on the host NHS hospital providing good quality and safe care standards to their patients. They used audit, clinical dashboards, and performance measures to ensure services were provided to a high standard. If they were not, there were meetings and correspondence between the organisations to discuss performance.
- Somerset Surgical Services promoted education within the team. Members of the clinical and administration team had all been supported through professional courses. During our second visit, a nurse specialist had been recruited to provide guidance and support to both patients and members of the administration team. The experienced nurse, who had worked for Weston Area Health NHS Trust for many years, would also provide liaison between the organisation and the nursing teams at the host NHS hospital.
- Staff said leaders were visible and approachable. This worked in both directions with the host hospital staff being able to talk with staff at Somerset Surgical Services at any time, and Somerset Surgical Services staff having good relationships with hospital staff.
- We saw evidence in team meeting minutes that staff worked together constructively to resolve any issues.

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Public and staff engagement

- The organisation actively sought the views of patients and staff about the quality of the service provided. Opportunities were available for patients and staff to comment on all aspects of the care and treatment provided and these were used to improve and enhance services
- Satisfaction surveys were provided for patients and relatives, with online and prepaid envelopes being provided for responses. Although the surveys remained anonymous, they were recorded to look for trends in any issues or concerns, or what the service did particularly well.
- Information from the patient satisfaction survey had been used to improve services. For example, courtesy calls for patients who did not require a follow up post oral surgery had been introduced.
- Regular team meetings were held where all staff were encouraged to raise ideas for service improvements. An example being the recent innovation of an ophthalmology 'one stop clinic'.





Innovation, improvement and sustainability

- Somerset Surgical Services provided a service that needed to be flexible to any changing requirements

from the clinical commissioning groups. Minutes of meetings with Weston Area Health NHS Trust and the clinical commissioning groups showed that the organisation was proactive in endeavouring to meet any changing requirements, and to make improvements to existing services.

- Somerset Surgical Services aimed to improve the performance of the spinal service and satellite clinic to meet with the priorities of the clinical commissioning groups. Work was being carried out with Weston General Hospital to increase activity by 50% over the next twelve months.
- Somerset Surgical Services aimed to have some operating theatre lists for inpatients on a Saturday. They were working in consultation with Weston Area Health NHS Trust to determine if this could be achieved.
- There was a consultation process to increase activity to include day-case unit staff to be rostered six day working as part of their rostered hours. Staff rostered onto shifts on a Saturday would make future planning for both Somerset Surgical Services and the trust staff easier.

Outpatients and diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

Patients who are referred to Somerset Surgical Services are all NHS funded, with the pathway being through their GP or dentist. Outpatient appointments, when booked, are confirmed by the service directly with the patient. The service has a team of administrative staff, who work generally within each speciality and liaise via telephone with patients about appointment arrangements.

There is a service level contract with the hospital to use the consulting rooms and waiting areas in Weston General Hospital (the trust) outpatients department. The outpatient clinics are staffed by nurses who are employed by the trust on either a substantive contract or working from the nurse bank. Either nurses are booked in advance, or their workload was included into the outpatient's clinic daily workload. If any diagnostic imaging is required as part of the consultation this is organised in line with the normal hospital outpatient arrangements for the individual patient. During the twelve month period between March 2015 and April 2016 there were 3,807 first time and follow up appointments completed.

The service has a registered manager who supervises the staffing team and also liaises with the outpatient department, the theatre manager and has regular operational meetings with the host NHS hospital's managers.

Summary of findings

Overall, we rated the outpatient and diagnostic imaging services of Somerset Surgical Services as being good, because:

- There were systems for the recording of incidents and a clear process for learning from concerns. There was a good integrated approach with the trust for the sharing information and learning.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable adults.
- Staff were knowledgeable about the duty of candour legislation and their responsibilities around this.
- Somerset Surgical Services had a service agreement with the trust for the provision of any diagnostic or imaging service that a patient may have required.
- Staff employed by Somerset Surgical Services were suitably trained and qualified for their roles.
- There was good multidisciplinary working between Somerset Surgical Services staff and the medical staff who undertook the patient consultations. Staff also worked effectively with other hospital staff and the GP clinics and dental surgeries who referred patients.
- We received positive feedback about staff and services from all of the patients we spoke with. We heard that patients were treated with respect and shown kindness by nursing staff and consultants when they visited the outpatient clinic.
- The provider worked in collaboration with local clinical commissioning groups and Weston Hospital. The service focused its developments on specialty areas that were not delivered by the trust.

Outpatients and diagnostic imaging

- People had timely access to initial assessment and diagnosis and the providers waiting times for referral to treatment (RTT) were consistently below the NHS England target of 18 weeks
- Clear information was provided to patients about how to make a complaint or raise a concern. Somerset Surgical Services had received no formal complaints during the twelve months prior to our inspection.

Are outpatients and diagnostic imaging services safe?

Good 

We rated safety of outpatient and diagnostic imaging services to be good, because:

- There were systems for the recording of incidents and a clear process for learning from concerns. There was a good integrated approach with Weston General Hospital for the sharing information and learning.
- Clean and hygienic environments were maintained as was any equipment that was in use. There were service level agreements with Weston General Hospital to ensure that the facilities used by Somerset Surgical Services' patients were safe and appropriate.
- Records were safely stored and transported and patient confidentiality was maintained.
- Staff were completing mandatory training and had completed safeguarding awareness training.
- Sufficient nursing staff with appropriate qualifications and experience were always provided for the safe running of the outpatient clinics.

Incidents

- Somerset Surgical Services had systems to report concerns or incidents. The service had full access to the Datix incident reporting system used in the hospital. Datix is a nationally recognised system for the electronic recording of incidents and concerns by staff. We saw that staff were aware of how to report an incident. Staff within the administration team told us that they would report any issues directly to the operations manager.
- We saw two examples of incidents that were reported in Weston General Hospital and resulted in feedback and learning for Somerset Surgical Services. One of these related to a radiology report that was not reported urgently enough to the Somerset Surgical Services. Feedback was provided to the radiology department and the concerns were addressed.
- The operations manager had access to the Weston General Hospital quality assurance dashboards and could look at these when required.

Outpatients and diagnostic imaging

- Weston General Hospital staff we spoke with who ran the outpatient clinics for Somerset Surgical Services told us they followed their normal hospital policy and procedure for reporting any incidents or concerns that occurred.
- During the period, March 2015 to April 2016 there had been no clinical or non-clinical incidents reported within the outpatient and diagnostic service of Somerset Surgical Services.
- The minutes from the medical advisory committee (MAC) showed that any reported incidents would be discussed as a standard agenda.

Duty of candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This Regulation requires a provider to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The operations manager and the manager of the administration team were aware of this new regulation. While no specific training had been undertaken, the new regulation had been discussed at team meetings. The operations manager told us they were committed to being open and honest with patients. Somerset Surgical Services had policy on duty of candour and staff were required to read this as part of their induction.

Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were maintained in the areas where patients were seen by medical and nursing staff.
- The outpatient waiting areas and consulting rooms accessed by Somerset Surgical Services were cleaned by the trust staff. The hospital infection control team inspected these areas. The operations manager had access electronically to the trusts safety quality assurance dashboards and could highlight concerns and see the latest update from any audits that had been completed. The operations manager told us that any concerns would be brought to the attention of the outpatient's manager but this had so far not been necessary. The operations manager also had regular operational meetings with hospital staff when any identified concerns about infection control or cleanliness could be raised and discussed.

- We observed one clinic and a waiting area and it was clean and hygienic. We spoke with two nurses who regularly supervised clinics for Somerset Surgical Services in the hospital outpatient department. They told us that the rooms were cleaned regularly and that they would report any issues.

Environment and equipment

- The offices used by Somerset Surgical Services administration and booking team and the operations manager were located at the back of the hospital and not accessed by patients. It was a secure location with a coded access for staff. It provided a comfortable working environment for the staff. No clinical equipment was stored in this location.
- Somerset Surgical Services used a variety of outpatient clinic consulting rooms depending on what was allocated by the trust. The maintenance of these areas was the responsibility of the Weston General Hospital. Any issues or concerns about the environment would be reported to the trusts outpatient's manager. We were told that no concerns or issues had been raised and that the consulting rooms and waiting areas were well maintained and always ready for use by the Somerset Surgical Services when they had been allocated.
- If a patient was referred from a clinic for diagnostic imaging then they followed the normal hospital procedure to access this. Somerset Surgical services had a service agreement with the hospital for the accessing of diagnostic imaging services. They did not employ any staff or provide any equipment in relation to this.

Medicines

- There were safe procedures for the prescribing of medicines if this was required at outpatient appointments. This was done infrequently and medications were not stored in the clinics for use by Somerset Surgical Service patients.
- Patients we spoke with told us they were given clear guidance and information about medication following their surgery, either by the consultant or by the nursing staff.

Records

- There were clear systems and processes to ensure medical notes were kept safe and confidentiality protected. Somerset Surgical Services used the hospital patient records with the section of the record designated for their service being clearly highlighted.

Outpatients and diagnostic imaging

- Staff explained how the records were tracked electronically while in their office and how they had responsibility for delivering the various records to clinics or the medical record store. We saw that records were stored securely in the location office and when in use at an outpatient clinic.
- Somerset Surgical Services delivered outpatient clinics at the Harbourside Family Practice, which is the location of a GP surgery in Portishead. Notes were transported either by a national courier service or by a member of staff to the clinic in line with their policy. The medical records were transported in a sealed bag and fitted with a tamper proof seal. A spare tamper proof seal for the return of the notes was provided. If the tamper proof seal had been broken when the notes were delivered or returned it was immediately highlighted to the operations manager or the administration manager for investigation and an incident would be raised
- Consultants we spoke with said that patient medical records were efficiently prepared and delivered for their outpatient clinics. We were told that missing notes were a rarity.
- Somerset Surgical Services undertook quarterly audits of patient records. A sample of 10% of patient records were audited at a time. We saw the audits for the previous twelve months, which had not identified any major concerns.
- Somerset Surgical Services had completed a self-assessment in November 2015 against all the recommendations that had arisen following the government's Jimmy Saville investigation. An agreement was reached with Weston General Hospital for being able to rely upon all Disclosure and Barring Service (DBS) checks completed for hospital staff and volunteers. The decision by the Medical Advisory Committee was to request all Consultants share any updated Disclosure and Barring Service (DBS) checks undertaken with their host trust or via any private practice. The agreement was for checks to be repeated every three years. If no updated DBS checks had been undertaken then Somerset Surgical Services told us they would undertake random checks on consultants working for their service.
- Administration staff who worked for Somerset Surgical Services had only telephone contact with patients and in line with Department of Health guidance, did not have DBS checks completed.

Safeguarding

- There were reliable systems, practices and processes to keep people safe and safeguard them from abuse.
- All staff employed by Somerset Surgical Services had completed level one safeguarding training. This was covered in the corporate induction training run by Weston General Hospital that Somerset Surgical Services staff attended as part of their induction. Staff were also required to read the provider's safeguarding policy. This policy had been reviewed in 2014. Refresher training was also undertaken by staff.
- The operations manager had completed additional training and was clear about the process to be followed if there was need to report a safeguarding concern. Staff we spoke with were up to date with their safeguarding training and were confident in the processes for reporting alerts to the safeguarding lead. Clear information was provided to the staff with regard to the process to be followed and who was to be contacted.

Mandatory training

- Training was provided for all staff to ensure they were competent to complete their roles. There were systems to monitor and remind staff when training was due. Training was provided promptly when required.
- There was a designated list of mandatory training. At the time of the inspection all staff were up to date with this. The training included fire safety, non-clinical essentials and information governance.
- Somerset Surgical Services did not directly employ nursing or medical staff but had a service agreement with the hospital to provide qualified and competent staff to run the outpatient clinics.

Assessing and responding to patient risk

- Outpatient clinics run by Somerset Surgical Services were located in the Weston General Hospital outpatients department and Harbourside Family Practice. There were pathways and processes for the assessment of people within outpatient clinics or the diagnostic imaging department who were clinically unwell and required hospital admission. Staff told us that if a patient became unwell, they would call for help from other nursing staff and contact the outpatient department manager. The nurse would also then contact the administration team office of Somerset

Outpatients and diagnostic imaging

Surgical Services. Resuscitation equipment was available in the outpatient department, and staff we spoke with knew where the nearest resuscitation trolley was located.

Nursing staffing

- Somerset Surgical Services did not directly employ nursing staff. Nursing staff were provided by the general hospital to run the outpatient clinics. Formal arrangements for this were documented in the service level agreement with Weston Area Health Trust. They agreed to provide qualified and competent staff. Nursing staff were allocated from the hospital outpatients department or from the roster of bank staff. Due to the small size of the clinics, they were run by one nurse who supported the consultant. The outpatient manager allocated the staff and explained they would ensure the nurse was familiar with Somerset Surgical Services. Two nurses we spoke with said they often covered Somerset Surgical Services outpatient clinics and were clear about how they were run. The main difference being the colour coding of the medical notes to identify a different provider.

Medical staffing

- Somerset Surgical Services did not directly employ medical staff and all the consultants who carried out work for the service had substantial NHS contracts either within Weston General Hospital or elsewhere. The clinics were booked and arranged by Somerset Surgical Services administration team. They worked in conjunction with the relevant consultant and liaised with the outpatient's department manager to book the clinic rooms.

Major incident awareness and training

- Somerset Surgical Services had made provision and plans for action to be taken as result of unforeseen circumstances that could interrupt the service for patients.
- There was a business continuity plan that had been ratified by the senior management board and put into place in June 2016. The plan was designed so that it linked in with the emergency escalation plan for Weston General Hospital.
- The continuity plan contained information and guidance about lines of communication and action to be taken in the event of circumstances that prevented the service from using hospital facilities for

consultations for example. There was provision for the movement of staff to different premises and arrangements that could be used for the transportation of patients to alternate clinic sites.

- The plan also identified staff who would be able to provide support in the event of an emergency incident.

Are outpatients and diagnostic imaging services effective?

We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

- Incidents involving patients of Somerset Surgical Services were reported and dealt with effectively. There was a good culture of reviewing incidents at a senior level.
- Somerset Surgical Services were provided with access to the audit data of Weston General Hospital to determine that infection control practices, medicines' management, and equipment and facilities were safe.
- Staff were knowledgeable about the duty of candour legislation, and their responsibilities around this.
- Staff were up-to-date with their mandatory training.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable people.
- Incidents involving patients of Somerset Surgical Services were reported and dealt with effectively. There was a good culture of reviewing incidents at a senior level.
- Somerset Surgical Services were provided with access to the audit data of Weston General Hospital to determine that infection control practices, medicines' management, and equipment and facilities were safe.
- Staff were knowledgeable about the duty of candour legislation, and their responsibilities around this.
- Staff were up-to-date with their mandatory training.
- Staff were knowledgeable about safeguarding and their responsibilities to vulnerable people.
- Somerset Surgical Services had a service agreement with Weston General Hospital for the provision of any diagnostic or imaging service that a patient required.
- Staff employed by Somerset Surgical Services were suitably trained and qualified for their roles. They did not employ medical or nursing staff. Nursing staff were

Outpatients and diagnostic imaging

provided for the outpatient clinics under an agreement with the hospital. All medical staff worked under a practicing privileges arrangement and all had a substantive NHS contract.

- There was good multidisciplinary working between Somerset Surgical Services employees and the medical staff who undertook the patient consultations. There was also evidence of good multi-disciplinary working with other hospital staff and the GP clinics and dentist surgeries were patients were referred from.
- Staff had access to all the relevant information that was required to plan and meet the care needs of patients. Staff had access to all the patient's medical records and access to the hospital intranet system.

Evidence-based care and treatment

- Somerset Surgical Services did not generally carry out any procedures or provide any treatments in the outpatient's clinics. Patients attended following a referral from their GP or dentist to be accessed for a surgical procedure. The majority of these were carried out as a day case procedure at a later date.
- If patients were referred for a blood test or any diagnostic imaging during their consultation, they accessed this through the normal hospital outpatient procedure. Somerset Surgical Services did not directly provide these services but had a service agreement with the hospital for their patients to access these resources.

Pain relief

- It was not usual for the nursing staff to manage a patient's pain while they were attending an outpatient clinic. If a patients were in pain or discomfort due to their condition, or the need for the surgical procedure they were being assessed for, this would be discussed as part of their consultation. Nursing staff told us they would ensure that patients were comfortable as possible.

Patient outcomes

- Somerset Surgical Services patient outcomes were reviewed as part of their patient satisfaction survey. Questions were based on ease of obtaining care, waiting times, staff, facilities, cleanliness of the ward, patient privacy, dignity and confidentiality, whether they were happy with their treatment and if they would recommend the service. The results of the survey were consistently high with 0% of patients extremely unlikely to recommend the service.

- Patients attended a clinic for a consultation to see if a surgical procedure was appropriate or possible. This would be following a referral from their GP or dentist. If the outcome were that no surgery would be provided the patient would have this explained and be written to. This would also generally advise them to return to see their GP as possibly the original referral had been inappropriate. If surgery was to be undertaken, the patient was contacted by a member of the administration team to arrange the appointment.

Competent staff

- Staff within the administration team had the right qualifications, skills and knowledge to do their jobs. Appropriate training was provided and staff were encouraged to develop their skills. There were systems for the monitoring and supervision of staff.
- All staff had had annual appraisals completed and received one-to-one meetings every three months.
- New starters completed a two-day corporate induction that was run by Weston General Hospital and then undertook a three-day induction run by Somerset Surgical Services. The induction included reading policies and guidance, processes around arranging appointments and the electronic booking system and data sharing. Staff signed off against a list of policies and procedures to confirm they had read and understood them.
- Somerset Surgical Services did not employ medical or nursing staff but had a service agreement with the hospital to provide nursing staff to run the outpatient clinics.

Multidisciplinary working

- Somerset Surgical Services did not employ any medical or nursing staff. However, the administration team and operations manager had appropriate and effective working arrangements with the hospital staff. Individual staff worked mainly with the same consultants and were positive about communication and working relationships. The operations manager met or had contact every week with the key hospital staff they worked with. This included the theatre manager, the divisional manager for surgery and the outpatient department manager. The administration team met every six to eight weeks where they could discuss any issues relating to the services they accessed from the hospital. These meetings were attended by the Nominated Individual for Somerset Surgical Services,

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who also worked as a consultant for Weston General Hospital. This also helped enable the discussion of any issues and ensured staff were up to date with ongoing business.

- Somerset Surgical Services would liaise with GPs over referrals that had been made. This would happen particularly when a referral was considered inappropriate, for whatever reason. The consultant would write and explain the details and the staff may contact the surgery if further clarification was required. The registered manager told us they believed that the service was being better understood by local GPs as result of their increased contact. This had resulted in fewer inappropriate referrals.

Seven-day services

- Outpatient clinics were generally only run during the working week, both at the hospital and at the satellite GP surgery that was also occasionally used. The service had access to the outpatient facilities at weekends if a need to run a weekend clinic was identified. The surgical procedures carried out were booked at various times, including occasional weekend sessions.

Access to information

- Staff had access to all the relevant information that was required to plan and meet the care needs of patients. Staff had access to all the patients' medical records and access to the hospital intranet system. Staff working in the outpatient clinics had access to the patient's records and could access further electronic information if this was required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- People's consent to care and treatment was sought in line with legislation and guidance. Nursing staff in the outpatient clinic explained how they checked that consent to treatment was recorded.
- We observed written consent was sought and placed in the patients records. All the patients we spoke with confirmed that their consent to any treatment had been sought by the individual consultant they saw. A patient's mental capacity to consent to care or treatment was also assessed at the initial appointment and recorded in the patient's notes.
- Patients we spoke with all said they had been supported appropriately by nursing and medical staff in making decisions about their treatment.

- Somerset Surgical Staff received basic training on corporate induction on Deprivation of Liberty Safeguards and the Mental Capacity Act. The provider also had a policy in relation to this.

Are outpatients and diagnostic imaging services caring?

Good 

We rated caring of outpatient and diagnostic imaging services as good, because:

- We received positive feedback about staff and services from all of the patients we spoke with. We heard that patients were treated with respect and shown kindness by nursing staff and consultants when they visited the outpatient clinic.
- Patients told us that the administrative staff were friendly, patient and helpful.
- Patients told us they were well informed by the staff in the outpatient clinic.
- Staff discussed treatment options with patients and were encouraged to be part of the decision making process. All patients we spoke with said were involved in discussions around treatment and the surgical procedures being arranged.

Compassionate care

- From talking with patients and their families and from feedback on comment cards we heard that patients were treated with respect and shown kindness by nursing staff and consultants when they visited the outpatient clinic. We heard from 20 patients in total and all were positive about the care and respect they were shown by the staff. Patients also told us that the administrative staff were friendly, patient and helpful. We were told the consultants and nursing staff took the time to listen and understand their concerns and individual situations. We were told that consultants introduced themselves and explained their role and speciality. Patients told us consultations were not rushed.
- We observed members of staff dealing with patients queries via telephone and heard them treat patients with respect and dignity.
- Nursing staff supervising the outpatient clinics were available to chaperone patients if this was requested.

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- Patients had their confidentiality respected in the outpatient clinics. We observed nurses taking patients into a private room to complete some forms and conversations were conducted privately.
- Patient comments we received about staff included, “everyone was very friendly from start to finish”, and “they were very good at explaining how everything would be organised”. One patient told us the consultant had been “very reassuring about the procedure as we were both worried before we came”.

Understanding and involvement of patients and those close to them

- Staff communicated with patients in an effective manner that helped them to understand their care, treatment and condition.
- Patients told us they were well informed by the staff in the outpatient clinic. As well as answering questions, they could also be provided with additional written information about their surgical procedure.

Emotional support

- Staff understood the impact that a person’s care, treatment or condition would have on their wellbeing. Staff told us how important it was for them to reassure patients about the procedures they were considering. Staff generally had time to talk to patients while waiting for their consultation and this enabled them to provide support if required.
- Staff discussed treatment options with patients and were encouraged to be part of the decision making process. All patients we spoke with said they were involved in discussions around treatment and their surgical procedures being arranged.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated the responsiveness of the outpatients and diagnostic imaging services as good, because:

- The needs of the local population were considered in the developing of services provided by Somerset

Surgical Services. They worked in collaboration with local commissioning groups and Weston General Hospital. The service focused its developments on specialty areas that were not delivered by the trust.

- People had timely access to initial assessment and diagnosis and waiting times for referral to treatment (RTT) were consistently below the NHS England guidance of 18 weeks.
- The administration and booking team staff generally worked with the same speciality. All patients we spoke with were positive about their interaction with the team. We also received positive comments on our feedback cards about the help and support given to patients.
- Clear information was provided to patients about how to make a complaint or raise a concern. A complaints leaflet was available which explained the process for patients to follow. Patients we spoke with confirmed they had been provided with this. Somerset Surgical Services had received no formal complaints during the previous twelve months.

Service planning and delivery to meet the needs of local people

- The needs of the local population were considered in the developing of services provided by Somerset Surgical Services. They worked in collaboration with local commissioning groups and Weston General Hospital.
- The service focused its developments on specialty areas that were not delivered by Weston General Hospital. All the procedures provided were commissioned through the local clinical commissioning group. Patients who accessed a service through Somerset Surgical Services had the same patient pathway as other patients accessing care from the hospital. Somerset Surgical Services met regularly, usually on a quarterly basis, with the commissioning group to discuss service provision and delivery.
- The facilities and premises used for the administration of Somerset Surgical Services were located within the hospital and were suitable and adequate. The hospital provided the clinic and consulting rooms under the service agreement with the provider. The location of the offices helped with the communication and liaison between Somerset Surgical Services and hospital staff.
- Patients were able to use the public parking at the hospital and public transport was available from the

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local town. The clinic rooms being used were labelled with temporary signs to identify Somerset Surgical Services. Patients had the use of all the hospital facilities such as drinks machines and toilets.

Access and flow

- People had timely access to initial assessment and diagnosis and waiting times for referral to treatment (RTT) were consistently below the NHS England guidance of 18 weeks.
- The RTT waiting times for admitted patients being treated within 18 weeks of referral were consistently above 90%. Over the previous twelve months to the inspection, 95% of non-admitted patients began treatment within 18 weeks of referral.
- Somerset Surgical Services also achieved a high average of incomplete patients beginning treatment within 18 weeks of referral. For example in September 2015, it was 99%, October 100%, November 98%, and December 98%.
- All patients were recorded on an electronic tracking system for each medical speciality and their position on the pathway was visible to the team at all times. The operations manager explained how they reviewed all waiting times on a weekly basis and we saw the latest printed version of this information.
- Outpatient clinics started on time and patients were kept informed of any delays due to a previous patient requiring an extended consultation.

Meeting people's individual needs

- The administration and booking team staff generally worked with the same speciality and would usually deal with all correspondence and communication with a patient. Patients we spoke with told us they appreciated dealing with the same person and having a name they should contact for information. All patients we spoke with were positive about their interaction with the team. We also received several positive comments on the feedback cards about the help and support they felt they had received from the team.
- The administration team had completed training on dementia awareness and two staff explained how they could usually identify issues from the original referral. They would ensure that any support that was required was arranged when the patient attended their appointment. We were told that patients living with dementia were always accompanied and supported by

a carer or relative. We were told of an example when a patient with identified mental health needs was booked in and the team ensured additional staff was available if extra support for the patient was required.

- Somerset Surgical Services did not routinely provide a service to people in vulnerable circumstances. There was a policy for meeting the needs of patients with a learning disability. If required the team would organise additional support, an extended consultation or could if required ensure the patient was seen first in that day's clinic. We spoke with the relatives of one patient who had had additional arrangements made to meet their needs. We were told the service were flexible and understanding and did all that was necessary to ensure the consultation and treatment go smoothly.
- Chaperones were available for patients who required them during a consultation. The clinic staff explained how this worked. The chaperone would normally be the nurse who was supervising the clinic that day. A patient could also choose to have a member of their family present.

Learning from complaints and concerns

- Clear information was provided to patients about how to make a complaint or raise a concern. A complaints leaflet was available which explained the process for patients to follow. Patients we spoke with confirmed they had been provided with this. None had had the need to use it.
- Somerset Surgical Services had received no formal complaints during the previous twelve months.
- We saw evidence that concerns raised in the patient feedback surveys were responded to and lessons learnt if required. For example, some feedback indicated that clearer information could be provided about the location of the provider in the initial paperwork and this was addressed. Another comment related to the timely communication of appointment times. A reminder was provided to the administration team about this and an undertaking to telephone patients if appointments were within two weeks.
- Patients we spoke with said they felt able to raise a concern or make a complaint if they felt it necessary. Several patients commented that the approachability of the administration team and the nurses, who supervised the clinics, meant they could sort out any concerns via the telephone.

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- Somerset Surgical Services had a complaints policy, and this had been reviewed within the previous twelve months.
- We saw the minutes from the management meetings, which showed that complaints and patient concerns were a standing item on which the operations manager provided feedback on at every meeting.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated the leadership of the outpatient and diagnostic imaging services to be good, because:

- Somerset Surgical Services had a clear vision and strategy for their service and this was understood by the staff team. Staff were aware of the services values and the commitment to providing a quality and responsive service to patients.
- There was an effective governance structure to support the delivery of good quality care. Staff were aware of their responsibilities and their roles and who they were accountable to.
- Somerset Surgical Services actively sought the views of patients and staff about the quality of the service provided. Opportunities were available for patients and staff to comment on all aspects of the care and treatment provided.

Vision and strategy for this core service

- Somerset Surgical Services stated vision was 'to provide first class patient care, quickly and safely as possible'. We saw evidence that this was achieved by the administration staff team and through the management of the service. We saw that the service, in conjunction with its two sister organisations located in other parts of the country, had a vision and strategy to develop the services it provided. They planned to work in cooperation with the hospitals and commissioning bodies they worked with to provide surgical procedures that were complimentary to those already provided in the hospitals they were located.
- We reviewed the quarterly Weston Area Health Trust and Somerset Surgical Services meeting minutes from April 2016. These recorded that discussions were being undertaken with a public relations company to develop

a strategy for all three of the sister companies as part of their wider business plan. Work was also being carried out to develop a new Somerset Surgical Services logo and provide an updated information package for local GPs. The annual business plan was being developed in conjunction with the sister companies as part of the wider business plan for the organisation.

- Somerset Surgical Services planned to continue providing a service for patients for surgical procedures that were not available within Weston General Hospital. There was a clear strategy to work collaboratively and openly with the commissioners and the hospital. One example of this was the identifying of the development of the spinal service, with plans to increase activity in this area by 50% over the coming 12 months

Governance, risk management and quality measurement for this core service

- There was an effective governance structure to support the delivery of good quality care. Staff were aware of their responsibilities and their roles and who they were accountable to.
- There were regular meetings that were organised at the appropriate levels to ensure that all areas of the service could be discussed and action taken if required. The operations manager met weekly with the Nominated Individual for Somerset Surgical Services, who also worked within the hospital as a consultant. The managing director of Somerset Surgical Services attended the quarterly meetings that were held with Weston General Hospital. We saw examples of the minutes from these meetings, which showed the full range of the services, were discussed.
- Somerset Surgical Services had a local risk register that was regularly reviewed and updated when required. Currently on the register was an issue relating to the generation of appointment letters and potential for errors due to the software not being updated. This was because the software was being replaced by Weston Area Health Trust. Action was documented to tackle these issues.
- The general management, governance and risk management of the outpatient areas including consulting rooms and patient waiting areas was the responsibility of the Weston General Hospital. The operations manager communicated regularly with the

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hospital outpatient manager and were kept informed of any issues or concerns around the facilities that were to be used by the patients attending clinics run by Somerset Surgical Services.

Leadership / culture of service

- The operations manager oversaw the work of the administration and booking team and provided the team with clear leadership and direction in respect of the quality and values of the service. Staff we spoke with told us there was a positive culture where they worked as a team and took pride in the work they did and the service they provided to the patients.

Public and staff engagement

- Somerset Surgical Services actively sought the views of patients and staff about the quality of the service provided. Opportunities were available for patients and staff to comment on all aspects of the care and treatment provided.
- Patient satisfaction surveys were utilised with on-line and prepaid envelopes provided. Although the satisfaction surveys remained anonymous, they were numbered to enable the calculation of the response rate, which was helpful if any repeated issues were raised.
- Information from the patient satisfaction survey had been used to improve service delivery. For example, an

outpatients' clinic had been moved to an area with a bigger waiting room. Improved written directions for patients and courtesy calls for patients who did not require a follow up post oral surgery had also been introduced.

- Regular team meetings were held where all staff were encouraged to raise ideas for service improvements. An example being the recent innovation of an ophthalmology 'one stop clinic'.
- The patient satisfaction survey was extensive and patients could comment upon the full range of the service provided. Patients could also comment on the care they received on the NHS Choices website

Innovation, improvement and sustainability

- Somerset Surgical Services provided a service that needed to be flexible to any changing requirements from the commissioners. They did not typically provide surgical procedures that were provided by Weston General Hospital. We saw from the minutes of the senior management meetings and the liaison meetings with the hospital and the commissioners that Somerset Surgical Services was proactive in working to meet any changing requirements and to make improvements to existing services.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Somerset Surgical Services should ensure there is evidence of immunisation or immunity in relation to the consultants working under practising privileges, and this should be recorded.
- Somerset Surgical Services should make sure that following surgery patients are asked if they received effective pain relief, nutrition and hydration.