52 Alderley Road LLP

HCA Healthcare UK at the Wilmslow Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location improved. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe by utilising strong and comprehensive safety systems with a focus on openness, transparency and learning, Staff had comprehensive training in key skills and competencies which meant they understood how to protect and promote individual safeguards. The service controlled infection risk very well. Staff proactively assessed risks to patients and acted on them to lessen risk and promote patient wellbeing and outcomes. They managed medicines well in line with best practice with a focus on patient safety and monitored adherence to guidance routinely. The service reviewed and managed safety incidents in a robust manner, with a view to learning lessons and embedding these within hospital wide practice. Staff collected safety performance information through a variety of ways, with the aim of encouraging as much participation as possible. The information gathered was reflected upon and used to improve the service for the benefit of both staff and patients. The services consistently updated safety goals with the aim of ensuring a zero-harm culture.
- Staff provided attentive and respectful care and treatment to a high standard. The hospital provided patients with enough to eat and drink and altered the menu where required. Pain relief was proactively reviewed by staff and provided to patients when they needed it. Managers monitored the effectiveness of the service, compared to other healthcare providers, with a view to ensure optimal performance. The service made sure staff were highly competent and confident to carry out their roles. Staff worked well together and displayed a collaborative pride in their work for the benefit of overall patient care. Patients were advised on how to lead healthier lives and supported them to make decisions about their care, with an emphasis on maximising their health outcomes. Services were available in line with patients wishes and could be accommodated at extremely short notice for patient convenience and treatment speed.
- Staff treated patients with compassion and kindness, with a strong person-centred approach to minimise patient discomfort or worry. Patients were recognised as individuals and staff took time to respect their privacy, dignity and circumstances accordingly. Emotional support to patients, families and carers, was provided at several different stages, to account for the capacity restrictions of COVID-19.
- The service tailored care to meet the needs of local people by taking account of patients' individual needs and being aware of wider health issues and trends in the local community. The service encouraged a variety of ways for people to give feedback, so that it could be fed into the service and drive improvement. People were provided with a high degree of choice of when to access the service when they needed it and could often be seen at very short notice.
- Leaders focused on running innovative and an exceptional standard of services using patient centric information systems. The hospital's reputation for excellent care had led to people from outside of the UK regularly using their services. Its reputation in the area for sports injuries meant that many high level sportsmen and women used their services. Leaders actively supported staff to develop their skills and provide career development opportunities at every level. Staff understood and were proud to be aligned with the service's vision and values. Staff felt respected, supported and valued and were unafraid to speak up to drive change and improvement. Leaders were focused on the needs of patients receiving care when considering any aspect of the service's strategic vision. The hospital invested in new technology to improve patient outcomes. Staff were clear about their roles and accountabilities. The service engaged well with patients in a variety of ways and all staff were committed to improving services continually, by reviewing current processes and encouraging innovation and suggestion about patient treatment and experience.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Outstanding ☆	Our rating of this service stayed the same. We rated it as outstanding because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. • The patients we spoke with were exceptionally complimentary about the staff and the manner in which care and treatment were provided. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using a suite of reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Summary of findings

Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Diagnostic imaging

Outstanding ☆

Our rating of this service improved. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had comprehensive and relevant training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff robustly assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and embedded learned lessons from them within the local department and wider hospital. Staff collected comprehensive safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent and took steps to improve where necessary. Staff worked well together for the benefit of patients in a highly time efficient manner and advised them on how to lead healthier lives. Staff supported patients to make informed and knowledgeable decisions about their care, and where appropriate made procedurally correct best interests decisions for patients who lacked capacity. Key services were available in a highly flexible manner for patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. Staff actively sought and took account of their individual needs to helped them understand their conditions and provide holistic support to maximise patient comfort and experience. They provided emotional support to patients, families and carers.
- The service model was planned to progressively meet the needs of the patient group. Individual patient needs were assessed and where needed adapted, to improve patient specific outcomes. The service continually sought feedback from patients and attempted to find innovative ways for people to

Summary of findings

provide it. People could access the service at a time convenient for them and processes were in place, for diagnosis and treatment to start on the same day.

- Leaders ran services to a high standard using reliable information systems and encouraged innovative practices. Staff were supported to develop their skills and careers with a mixture of training opportunities, job progression and leadership programs. Staff had a clear understanding of, and could articulate well the service's vision and values. Staff felt respected, supported and demonstrated a high level of pride in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. There was comprehensive knowledge about whistleblowing and duty of candour, if things went wrong. The service sought excellent engagement with local NHS acute and specialist trusts to plan and manage services and all staff were committed to improving services continually.

Surgery **Outstanding** ☆

Our rating of this service improved. We rated it as outstanding because:

- The service had enough highly skilled staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service effectively controlled infection risk. The service had a robust system for assessing patients at risk and staff completed and updated risk assessments for each patient in a timely manner. Staff kept comprehensive care records. They managed medicines well. The service managed safety incidents effectively and learned lessons from them. They routinely collected safety information, shared learning with staff and proactively used it to improve the service. The service had effective systems in place to manage emergency procedures.
- Staff provided excellent care and treatment, gave patients enough to eat and drink, taking account of their personal, religious and cultural requirements, and gave them pain relief when they needed it.

Summary of findings

Managers monitored the effectiveness of the service and made sure staff were competent. The service had an exemplary record of mandatory training compliance.

- Staff demonstrated professionalism and competence in their roles. Patients told us they were very confident in the staff looking after them. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to key information. Key services were available six days a week with emergency support available outside of working hours.
- Staff treated patients with visible compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and choices. People could access the service when they needed it and did not have to wait long for treatment.
- There was a well integrated and proactive senior management team. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. There was a strong person centred culture within the service. Staff were clear about their roles and accountabilities.
- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. The service made it easy for people to give feedback. Feedback from patients was continually positive. Staff demonstrated a proactive approach to continuous learning from feedback, complaints and concerns. There was an obvious drive to keep improving and developing and to provide the highest possible standard of care.

Summary of findings

- The hospital had a well established and effective governance structure. They improved service quality and ensured high standards of care by creating a workplace where excellent clinical care was helped to succeed.

Summary of findings

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Summary of this inspection

Background to HCA Healthcare UK at the Wilmslow Hospital

HCA Healthcare UK at The Wilmslow Hospital is a private hospital in Cheshire, England, owned and operated by 52 Alderley Road LLP. The hospital opened in May 2014, and provides outpatients, diagnostics and day case surgical services for both self-paying and insured patients. The hospital accepts adults and children under 18 years of age in their outpatient and diagnostic services and treats adults and children aged 16 and over in the surgical service.

The hospital has had a registered manager in post since opening in 2014 and carries out the following types of regulated activity:

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

The hospital operates across three floors, offering patients a full range of treatments including; dermatology, ENT surgery, gynaecology, interventional radiology, minor procedures, non-invasive cardiology, orthopaedics: upper limb and lower limb, oncology (Including SARCOMA), pain management, plastic surgery (reconstructive), plastic surgery, upper and lower gastro intestinal surgery, urology, anaesthetics, breast surgery, general surgery, dermatology, ophthalmology and Insertion and removal of coil.

The hospital includes an outpatient suite, imaging department and theatre day unit. Additionally, there are two laminar flow operating theatres, eight post-operative pods (five with en-suite), twelve consultation rooms, a dedicated women's health suite and an on-site pharmacy.

The diagnostic imaging service included magnetic resonance imaging (MRI), mammography, ultrasound scanning, x-ray and fluoroscopy for both self-paying and insured patients.

For the period of January to October 2021, the hospital carried out:

- 2,007 surgery procedures
- 12,360 outpatient attendances
- 7,208 imaging procedures.

We inspected HCA Healthcare UK at the Wilmslow Hospital previously from December 2018 to February 2019 and we rated the service as good overall. During our last inspection we did not identify any breaches of regulations and we did not carry out any enforcement action.

The main service provided by the hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected three core services during this inspection; surgery, diagnostics and outpatients.

Summary of this inspection

The team that inspected the surgery service comprised of one lead CQC inspector and one specialist advisor with expertise in surgery. The team that inspected the diagnostic service comprised of one lead CQC Inspector, a CQC team inspector and one specialist advisor with expertise in diagnostics. The outpatients service was inspected by a lead CQC inspection. The inspection teams were overseen by an inspection manager.

During the inspection we visited the surgery, diagnostics and the outpatient's departments. We also spoke with 31 members of staff and 11 patients.

You can find information about how we carry out our inspections on our website.

Outstanding practice

We found the following outstanding practice:

- The hospital had introduced a new electronic software system which allowed patients at risk of deterioration to be automatically escalated to a resident medical officer for review, reducing the risk of delay in escalation.
- The hospital used monthly nurse leader and executive 'rounding' processes to investigate concerns identified from incident reporting and patient feedback and used this to make improvements in the service.
- The hospital used staff 'rounding' processes to gather feedback and suggestions from staff and used this to make improvements to services and to reward staff for outstanding work.
- The hospital had worked with local young people to develop a 'young person's safety netting card' providing information about sources of 24-hour support and advice for young people experiencing abuse or mental health issues. This was shared across the HCA network to contribute to their suicide prevention strategies.
- The one stop breast service benefited patient experience and outcomes. The pathway from referral to treatment, often happened on the same day.
- The service used advanced specialist equipment which was able to locate a cancer area more accurately. The equipment was not routinely used within other hospitals in the area and was currently only being trialled within NHS settings.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Outpatients

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

Are Outpatients safe?

Good

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

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included the Mental Health Act 2005 (MCA), dementia, basic life support, equality and diversity, fire safety, health and safety, infection control, information governance, safeguarding adults and children at levels one, two and three.

Medics, nurses and healthcare assistants were required to complete annual refreshers and demonstrate their competency where necessary. Staff supplemented their basic training with additional courses to enhance their skills and knowledge. For example, in the use of specialist equipment for rapid COVID-19 testing. We reviewed training records which showed completion rates for training in outpatients was consistently maintained in excess of 95%. Staff we spoke with told us the training they received gave them the skills, knowledge and competence required for their roles.

Managers monitored mandatory training and alerted staff when they needed to update their training. Completion rates for training were monitored and reported regularly to the senior management team. Staff were supported and given sufficient time to ensure they completed training as required. Staff we spoke with told us they received an email from their manager to remind them to complete mandatory training and were also reminded in daily safety huddles and at staff meetings. Staff we spoke with told us they had enough time to complete their mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Following the last inspection, the service facilitated an additional safeguarding course at level three for children and adults. Staff completed the training in accordance with the provider's schedule. The service had nominated staff who were tasked with acting as the safeguarding lead.

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

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There had been no recent requirement to report safeguarding concerns, but each member of staff was able to explain what to look out for how concerns would be escalated. Information regarding safeguarding responsibilities was displayed throughout the department.

Staff followed safe procedures for children visiting the service. Children were provided with a chaperone throughout their visit. Information was provided to them in easy to read leaflets and face to face consultations.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.Consultation and treatment rooms were well-equipped and compliant with infection-control standards. The air in these rooms was filtered to reduce risk. The frequency of air changes on the rooms was adjusted to reflect the level of risk from the procedures that took place. Data confirmed there had been no cases of hospital acquired methicillin-resistant staphylococcus aureus (MRSA), Methicillin-susceptible Staphylococcus Aureus (MSSA), C. Diff, E. coli or surgical site infections in the 12 months prior to the inspection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.The service had online policies in place for infection prevention and control (IPC) and hand hygiene. The service completed regular audits of IPC compliance. We looked at the audits scores for the previous 12 months which were 100%. All areas of the outpatient department we saw were visibly clean. Additional cleaning had been introduced to reduce the risk of COVID-19 infection. Records were kept of all cleaning in the department.

Staff followed infection control principles including the use of personal protective equipment (PPE). An additional policy had been developed to reflect the risk presented by COVID-19. Safe systems of operation had been developed including a one-way system for patient flow, additional signage and extra hand-sanitising stations. Visitors were prompted to wash and sanitise their hands on entering the department. Staff were observed adhering to IPC guidelines and wearing appropriate PPE throughout the inspection. Staff we spoke with explained and understood the additional measures introduced in response to the pandemic to reduce the risk of cross-infection.

Staff cleaned equipment after patient contact and recorded when it was last cleaned.Equipment was disinfected after each use and at the end of each day. Audits were completed to check compliance with IPC standards and internal procedures.

Environment and equipment

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

Outpatients

The design of the environment followed national guidance. The service was based in a modern building specifically designed for this purpose. The design was bright, easy to clean and allowed safe access for patients, visitors and staff. The reception area utilised some screening to protect privacy and reduce the risk of cross-infection, but patients could request greater privacy if required. The area had hand-sanitising stations, posters and directional stickers to remind people of the COVID-19 measures in place. Patients, visitors and staff were required to have their temperature taken and complete a brief questionnaire before entering the building.

The outpatient department had its own reception and eight individual consulting rooms. We inspected four of the eight rooms. Each of the four was cleaned, equipped and maintained to a high standard. The department had rooms allocated to specialties which were prepared with appropriate equipment for investigations or treatment. This meant equipment was readily accessible and reduced the need to move between rooms. There was a discrete, dedicated area for the diagnosis and treatment of breast conditions. This allowed patients to receive rapid diagnosis, consultation and treatment without having to move around the building.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. The equipment was also inspected, tested, serviced and maintained by an external specialist organisation in accordance with the manufacturer's recommendations. We spoke with one of the engineers who assured us the response times for repairs ensured equipment was rarely unavailable for more than 24 hours. This was confirmed by senior staff in the department. Records of checks and servicing were held at the service and centrally.

The service had suitable facilities to meet the needs of patients' families. Visitors to the department were restricted in response to the risk posed by COVID-19. To reduce the impact of this on patients and their families, staff used mobile phones and video calls to share important information and updates during, and after consultations. The staff we spoke with provided examples when technology had been used to good effect. For example, when a partner had been required to wait in the car park and communication with the patient had been maintained through a video call.

Staff disposed of clinical waste safely.

There were clinical waste and sharps' bins available in each of the consultation rooms. None of the sharps' bins were more than half-full, which reduced the risk of needle-stick injury. Clinical waste was disposed of safely in accordance with best practice through a contract with an external specialist.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. There were no examples of this in the previous 12 months, but staff explained what they had done historically and how they would act if the situation arose again. There were enough clinically qualified staff within the service to provide an immediate response. Staff we spoke with told us they would contact emergency services if the patient's condition warranted it.

Staff within the outpatients department supported part of a surgical pathway by completing risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Each patient had a risk screen completed which took account of their medical history, current condition and presentation. If the risk screening identified a specific risk, a detailed assessment and risk management plan was completed to ensure care and treatment were provided safely. This was reviewed at each visit and after treatment or significant incidents.

Staff knew about and dealt with any specific risk issues. The staff we spoke with were aware of the individual risks associated with their patients. We saw information regarding individual risk in patient records. We also saw evidence incidents and general risks were recorded on an electronic system and discussed at daily meetings. There was an appropriate procedure in place to escalate risk to senior managers where it was identified.

The service had access to mental health champion and specialist mental health support. Where staff suspected a patient was experiencing poor mental health, they had the contact details of specialists from within the organisation for advice and guidance. There was a clear process for the escalation of any concerns which provided a route to a specialist referral within HCA or the NHS.

Staff shared key information to keep patients safe when handing over their care to others. All staff were able to access the electronic patient records where appropriate. However, there was very limited need for staff within the outpatients to handover to colleagues as patients were generally supported by the same staff throughout their time in the department.

Staffing

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

Nursing staff were allocated to specific clinical activities and guided by the relevant Consultant to ensure patient care was consistent and safe. There were no medical staff employed directly by the service. All Consultants worked under practicing privileges. Practicing privileges are granted to doctors who treat patients on behalf of an organisation, without being directly employed by that organisation.

Nursing staff we spoke with told us that they could call and speak with the Consultants for support and advice at any time. The service had resident medical officers (RMO's) who provided a 24-hour a day, seven days a week service, on a rotational basis. The RMO provided support to the clinical team in the event of an emergency or with patients requiring additional medical support.

We saw records which confirmed all staff received an appropriate induction prior to working in the department.

The service had enough nursing and support staff to keep patients safe. The outpatients' department maintained safe staffing levels at all times. The department was staffed by Consultants, nurses and healthcare assistants. Staffing levels in the department were reviewed in advance and in accordance with clinical need.

The manager could adjust staffing levels daily according to the needs of patients. The department usually deployed three registered nurses and one healthcare assistant throughout the day, Monday to Saturday although this could be increased depending on the volume and nature of patient care and treatment. The department was not open on Sundays.

The department had low vacancy, turnover and sickness rates. At the time of the inspection, outpatients had no vacancies for registered nurses and one vacancy for a healthcare assistant. Cover for the vacancy was being provided by a named agency staff to promote consistency. Turnover rates and sickness absence were monitored by the senior management team and compared to other services. Absence was generally coved by contracted staff. The staff we spoke with told us agency nurses were used very occasionally.

Outpatients

Records

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

Patient notes were comprehensive, and all staff could access them easily. We saw electronic patient notes which were accessed through a secure system. Records were readily available to authorised staff and stored in accordance with policy and best practice guidance. We reviewed five patient records for the department as part of the inspection. Each record was sufficiently detailed and showed evidence of review following consultation and treatment.

When patients transferred to a new team, there were no delays in staff accessing their records. Patient records were available in both paper and electronic formats, so staff from different departments could access information at any time. Paper records were checked and scanned to the electronic system after each consultation or course of treatment.

Records were stored securely. Policy in this regard had been updated to reflect the requirements of the General Data Protection Regulation (GDPR). Staff we spoke with told us they were aware of the relevant policy and the need to store records securely to protect people's right to confidentiality. Paper records were stored in locked cabinets and rooms when not in use. Electronic records could only be accessed after staff provided a secure, personalised log-in and password.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We checked the facilities for the storage of medicines in the department. Medicines were stored in a clean, temperature-controlled room. The room had lockable, medical-grade refrigerators. The temperature of storage room and medicines refrigerators was regularly checked and maintained within safe limits. Medicines stored in cabinets and refrigerators were found to be safely stored and were in date.

The service had a policy for the safe management of medicines. The policy was reviewed regularly and reflected Royal Pharmaceutical Society and Royal College of Nursing guidance. The policy covered the ordering, storage, administration and recording of medicines, including controlled drugs (CD's). CD's are those medicines which require additional security and recording measures because of their potential for misuse. CD's were safely stored in a locked cabinet within a secure room and subject double-signatures when administered.

Patients who were provided with a prescription could have it dispensed by the on-site pharmacy.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff we spoke with told us they were alerted to safety concerns through bulletins and at daily safety huddles. We saw evidence of medicines' safety alerts and updates in records of meetings and audits.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff we spoke with were aware of the need to monitor patients use of, and reaction to medicines. They explained how they would escalate any concerns if they arose.

Outstanding ☆

Outpatients

Incidents

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

Staff knew what incidents to report and how to report them. Staff we spoke with had completed training and told us they were encouraged to report incidents. They explained their roles and responsibilities which were described in accordance with the relevant policy.

Staff raised concerns and reported incidents and near misses in line with provider' policy. We saw examples where staff had completed incident reports which had been processed and responded to appropriately by senior managers. All reports and actions were recorded on an electronic system to aid analysis.

Managers shared learning with their staff about never events that happened elsewhere. Although the outpatient department had not had any never events in the previous 12 months, staff were still made aware of incidents and actions required to mitigate risk.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. There were no examples in the previous 12 months where duty of candour needed to be considered within the department. However, the organisation regularly shared examples where this was the case in other services and reminded staff of their responsibilities.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff we spoke with told us they always received feedback, and where necessary, support following incidents.

There was evidence that changes had been made as a result of feedback. There were no never events or serious incidents reported in the outpatient department during the previous 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance. Staff provided us with examples of feedback and changes to practice following a review of incidents. Records reflected changes in practice relating to patient referrals, safe administration of medicines and conduct of external contractors, amongst others.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The department followed their corporate 'Incident Reporting' policy using an electronic reporting system. The system required staff to complete an incident record and review risk. This information was made available to senior managers and specialists within the organisation for monitoring and audit purposes. They were also scrutinised to identify patterns or trends. Patients and their families were involved in investigations and notified of outcomes in accordance with policy.

Safety Thermometer

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

The service continually monitored safety performance. However, the Safety Thermometer was not managed by the outpatient department. Please see the same heading under Surgery for further detail.

Outstanding ☆

Outpatients

Are Outpatients effective?

Inspected but not rated

We inspect but do not rate effective in Outpatients Department services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We were provided a full set of policies which were regularly reviewed and reflected best practice and national guidance. Staff we spoke with told us how they accessed policies, procedures and guidance through a dedicated electronic portal as well as though their own professional networks. Senior and quality managers monitored performance in relation to policy, procedure, standards and guidance through the completion of regular audits and the evaluation of incidents. Audits included recording consent, hand hygiene, health and safety and medicines management. Appropriate measures were taken when staff conduct and performance fell below expected standards. For example, we saw records of the action taken when patients were exposed to risk from a piece of equipment.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. None of the patients attending the department in the past 12 months had been the subject of restrictions under the Mental Health Act. However, the staff we spoke with told us they understood their responsibilities to protect people's rights and to record and report any concerns.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff we spoke with told us how they considered the holistic needs of their patients, families and carers at all times. This led to the consideration and discussion of emotional support needs as part of care planning and handovers. The records we saw showed that psychological and emotional support were routinely recorded. The manner in which staff discussed the needs of patients clearly demonstrated their understanding and compassion in this regard.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw records of pain being assessed, however pain relief was not routinely administered within the department. Staff were aware of their roles and responsibilities in the management of pain. Pain was assessed and discussed at Consultant' appointments. The department included a specialist pain management service which explored alternatives to traditional pain-relieving medicine.

Patients received pain relief soon after requesting it. Nursing staff we spoke with told us Consultants would normally prescribe relevant pain medicine for patients under their care. The majority of pain-relieving medicine was available through the on-site pharmacy service. Pain advice was provided to patients undergoing minor procedures within the department.

Staff prescribed, administered and recorded pain relief accurately. Pain relief was prescribed, administered and recorded in accordance with policy and best practice. Each of the records we saw were completed, fully and legibly.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. Audits and patient satisfaction surveys clearly indicated a high satisfaction rate with the outpatient service. Patient satisfaction was consistently in excess of 90% for all significant measures over the previous 12 months. In the most recent survey dated October 2021, 94.8% of respondents said they had complete confidence and trust in the staff caring for them. 93.3% rated their overall experience as good or very good.

Managers used information from the audits to improve care and treatment. The staff we spoke with told us findings from audits and surveys were collated and shared with them to drive improvement. The outpatient department at HCA Wilmslow consistently scored highly in comparison to other similar departments at other locations. Data from the September 2021 patient' audit showed the service was the only one in the group which performed within 3% of target or exceeded target for each of the 42 measures.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The records we saw showed staff received training to support the delivery of care and their own professional development needs. Staff had their core competencies assessed and recorded on a regular basis.

New staff completed a full induction tailored to their role before they started work. The programme for new employees covered mandatory training which was specific to the role, as well as corporate and local induction sessions. The staff we spoke with confirmed they felt well-equipped for their roles before they were required to work more independently. Records showed all staff, including agency, completed an induction prior to starting work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff received an annual appraisal with a six-monthly review. These processes were used effectively to provide feedback, guidance and support. They were also used to identify suitable learning and development opportunities. Staff we spoke with told us they were well-supported and provided examples of how their career development had been managed by HCA. Records provided as part of the inspection showed staff appraisals in the department were up to date.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff attendance at team meetings was monitored and staff were provided with electronic copies of the minutes for meetings they were unable to attend.

Managers made sure staff received any specialist training for their role. Staff we spoke with told us how they were supported to access additional, specialist training in support of their roles. This included training for revalidation and the use of specialist equipment.

Outpatients

Managers identified poor staff performance promptly and supported staff to improve. We were provided with anonymised, specific examples of the management of poor performance. Systems and procedures were clearly established which described how poor performance could be managed in a supportive manner to generate improvements in safety and quality.

Multidisciplinary working

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

Patients could see all the health professionals involved in their care at one-stop clinics. HCA Wilmslow provided a suite of healthcare services including a General Practitioner, diagnostic facilities, pharmacy and specialist Consultants. We saw evidence in patient records that each department worked efficiently and effectively with the others for the benefit of the patients. The patients we spoke with told us how they were able to access each service in turn on any given day without significant delay. This helped to alleviate anxiety and ensure patients received timely care and treatment.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service had policies and procedures in place which dictated how patient care should be escalated or referred on and under what circumstances. Patients and staff we spoke with provided examples of how this worked to improve the patient's experience and outcome.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. There were no recent examples where staff from the department had to refer patients with mental ill health. However, they had access to specialists for advice and guidance. There was a clear process for the escalation of any concerns which provided a route to a specialist referral within HCA or the NHS.

Seven-day services

The outpatient department was staffed between 7:30am and 8:30pm Monday to Friday each week. The department was also staffed between 7:30am and 3:30pm each Saturday. Staff confirmed these hours could be flexed dependent on patient need.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. There were prominent displays of information and leaflets promoting healthier lifestyles throughout the service and within the outpatient department.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff adopted an individualised, holistic approach to each patient's care and treatment. Staff we spoke with told us how this incorporated support, guidance and information on diet, exercise and lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Outstanding ☆

Outpatients

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Because of the nature of the activities undertaken in the department, mental capacity and Deprivation of Liberty Safeguards (DoLS) concerns were not common. However, the staff we spoke with demonstrated an awareness of the key principles and their responsibilities.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The five patient records we reviewed had consent clearly documented. Patients told us they had been given clear information about the benefits and risks of their treatment in a way they could understand before signing the consent form. Patients said they were given enough time to ask questions if they were not clear about any aspect of their treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.Staff completed Mental Capacity Act 2005 (MCA) and DoLS training and refreshers on a regular basis. Training records indicated the completion rate for staff within the department at the time of the inspection was 100%.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff we spoke with told us they had access to organisation policy and guidance on the relevant legislation and were able to describe where they could access it. Staff in the department told us they rarely encountered patients with dementia or who lacked capacity. We saw the service had a consent to treatment policy which was subject to regular review. Patient consent was recorded on their records and reviewed when treatment plans required it. Contact details for the safeguarding leads for adults and children were available, so staff would know who to contact if they had any concerns.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. Systems for the recording and management of patient records were basic but robust. The service used a combination of written and electronic records. Written records were scanned on to the electronic record and available to all clinical staff via a secure log-in.

Are Outpatients caring?

Outstanding ☆

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients were treated with kindness, respect and compassion by staff in outpatient services. We saw positive, individualised caring interactions with patients at both reception areas and throughout the department. In the most recent survey, 94.8% of patients said they had complete confidence and trust in the staff treating them. A relative of a patient said, "I'm highly strung when it comes to my [relative], but [Consultant] was very good at reading me and what I needed to reduce my anxiety. [Consultant] was very inclusive in [their] thoughts".

Outpatients

Patients said staff treated them well and with kindness. Each of the five patients we spoke with were extremely complimentary about the staff and they manner in which they conducted themselves. Their comments included; "(Staff are) absolutely wonderful. From the reception staff to the nurses. There is a warmth there. It feels family orientated. It feels like a safe space" and "Everyone has been very friendly. They're very caring".

Staff followed policy to keep patient care and treatment confidential. Staff we spoke with showed they understood the need for confidentiality in the department. Records were kept secure when not in use. With the exception of confirming a patient's name on arrival, staff did not discuss patients by name, or refer to their conditions and treatment in the presence of other patients. Patients were offered facilities to speak privately if they did not wish to use the main reception. We were given anonymised examples where patients chose to access the building by the rear entrance to protect their identities.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff in the outpatient department did not routinely provide care and treatment to people with mental health needs. However, they spoke with care and compassion about people's needs in this regard and knew how to support patients in a discrete and positive manner if required to do so.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patient's initial assessments included questions about their personal beliefs, preferences and needs. Staff we spoke with were fully aware of this information and used it to produce an individual plan of care and treatment. We were provided with examples where staff had adapted their approach to meet individual needs with regard to communication and religion. All patients had access to a chaperone and any treatment which could be considered invasive, or intimate was completed in the presence of a nurse.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff recognised the need to provide emotional support to patients, their families and carers. They did this is a sensitive, personalised manner often in private areas of the building. Because of the additional restrictions imposed in response to the pandemic, family members and carers could not always be present at consultations or when providing feedback. Staff used innovative ways to accommodate patients' requests for communication with family members and carers including telephone calls and video calling. This meant patients had access to immediate support from their loved ones if required. One patient said, "My doctor seemed to see what the issues were straight away. [Doctor] has just been so intuitive especially around my health concerns. [Doctor's] treatment and support has completely changed my life. I feel very looked after and very carefully monitored. I feel very privileged".

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. There were no incidents of patients becoming distressed during the inspection, but staff provided examples of where this had occurred previously and what action they took. In each case the patient was supported pro-actively and discrete support was provided in privacy. Patients were supported to access family and friends for additional support. Their level of distress was continually monitored to ensure they were safe before leaving the service.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. The clinical nurse specialist nurse was present when Consultants had to share difficult information. They supported the patient and Consultant and ensured the information was fully understood. This allowed them to offer confirmation and additional support as required by the patient following the consultation.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The department displayed its philosophy which clearly articulated the core values of the service. We saw staff understood and embraced the core values in the way they spoke about and interacted with patients. The wellbeing of the patient was at the heart of this philosophy which actively promoted kindness, honesty, integrity and compassion in all aspects of the service.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff explained the importance of ensuring patients understood their diagnosis, care and treatment. Patients were provided with information in face to face meetings, telephone calls and in writing. Staff took time to ensure they used plain English, or the person's preferred language and avoided unnecessary use of technical language or jargon. One patient told us, "[Staff communicate] very well. I had different experiences with them and all have been great. If I couldn't speak on the phone, they have been very responsive to my emails". Patient's understanding was routinely checked and reviewed when treatment plans changed.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff were aware of the need for alternative forms of communication and the impact this had on people's understanding. They also understood the need to adapt communication to suit the person. For example, the department had plain English leaflets which explained the complexities and challenges of a cancer diagnosis to younger family members. They supported patients and older family members to explain illness in a way children could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The department actively sought feedback and used it to improve the safety, quality and responsiveness of the care and treatment they provided. Developments introduced as a result of feedback were routinely displayed within the department. In one example, patients had expressed concern about the heart monitoring equipment they were sometimes required to wear for assessment. The service responded by securing state of the art, wireless devices which were much less cumbersome and intrusive. As well as promoting systems for submitting compliments and complaints within the department, the service maintained contact with patients and asked for feedback in other ways. A patient told us, "They send email reminders and ask about your experience". This information was considered by senior managers and fed-back to staff within the department.

Staff supported patients to make informed decisions about their care. Patients were provided with information in different formats to enable them to make important decisions. They were encouraged and supported to involve families and carers in the decision-making process where this was appropriate and in accordance with the patient's wishes. Their understanding and decisions were routinely recorded and reviewed to ensure they remained valid.

Outstanding ☆

Outpatients

Patients gave positive feedback about the service. The results of recent feedback were very positive. The department scored over 90% on each measure, with an average satisfaction score of 95.3%. Each of the patients we spoke with gave exceptionally positive feedback about their experience of care at the outpatients' department. They each said they would recommend the facility to friends and family.

Are Outpatients responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. The outpatient's department consistently maintained safe staffing levels to ensure patients were not subject to any undue delay. The range of equipment and services provided greatly reduced the need for patients to return for additional tests or treatment or be referred to other services. Two of the five patients we spoke with highlighted the positive impact of receiving diagnosis and treatment on the same day. Outpatients provided excellent facilities for breast screening and other associated diagnostics within one dedicated area of the department. This increased the speed of diagnosis and reduced anxiety for patients.

Facilities and premises were appropriate for the services being delivered. The premises and facilities were modern, hygienic and maintained to a high standard. Each department was separated from the next and clearly signposted. The building was potentially difficult to navigate, but patients were escorted by staff throughout their attendance. Patients with mobility difficulties could choose to access the upper floor via a passenger lift.

Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia. Staff had a range of contacts and specialist support services available to them during opening hours.

The service had systems to help care for patients in need of additional support or specialist intervention. Additional support needs were considered as part of the initial assessment process and subject to regular review. Patients could access additional support from family members, carers, staff and specialists dependent on their needs and preferences.

Managers ensured that patients who did not attend appointments were contacted. Staff were aware of the risks associated with missed appointments and operated effective systems to ensure people were reminded in good time. They also operated a system to contact patients who missed an appointment to ensure their safety and wellbeing.

Meeting people's individual needs

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

Outpatients

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Communication needs and preferences were considered as part of the patient's initial assessment and were subject to regular review. Staff provided examples of how they adapted communication to suit individuals.

The service had information leaflets available in languages spoken by the patients and local community. Where necessary, patients were provided with information in different languages and were given access to translation and interpretation services in accordance with their individual needs and preferences.

Patients were given a choice of food and drink to meet their cultural and religious preferences. A range of refreshments were available for patients in the main reception areas. Staff we spoke with told us how patients were provided with food which was appropriate to their culture and faith if required.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff were aware of the need to manage the environment in support of patients with sensory loss. Patients had access to a hearing loop system and some information was produced in braille. Staff also described how they used electronic devices and images to support communication.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and organisational targets. The outpatient's department accommodated large numbers of appointments. At the time of the inspection the department was averaging in excess of 1,000 appointments per month. Waiting times were routinely monitored as appointments were made and after the patient's arrival in the department. Between July and August 2021, 32% of patients responding to a survey question reported a delay to their appointment time. Of those experiencing a delay, 74% reported they were kept informed while waiting.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Appointments were cancelled rarely and only as a last resort. Cancellations occurred most frequently when a Consultant was required to address an emergency. In these circumstances, patients were contacted in advance of their appointment and an alternative time and date agreed. This was usually with 24 hours of the original appointment.

Managers monitored that patient moves between departments were kept to a minimum and made sure patients did not stay longer than they needed to. Patient moves within the service were considered as part of the planning of care and treatment. This helped to reduce patient anxiety, promote efficient methods of working and reduce the risks associated with cross-infection.

Learning from complaints and concerns

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

Outstanding ☆

Outpatients

Patients, relatives and carers knew how to complain or raise concerns. Information about complaints was made available to patients. Three of the five patients we spoke with were unsure who they would speak with initially, but each said they would be confident of raising a concern or submitting a complaint with their Consultant or any other member of staff.

Staff understood the policy on complaints and knew how to handle them. The staff we spoke with were able to explain the complaints procedure and how they would escalate any concerns.

Managers investigated complaints and identified themes. There had been two complaints made about the outpatient's department in the previous 12 months. Both had been reported and investigated in accordance with procedure.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff shared examples of managers using complaints to improve practice. For example, updating the portable heart monitors provided to patients.

Are Outpatients well-led?

Outstanding ☆

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

Leadership

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

At our last inspection we found there was compassionate, inclusive and effective leadership at all levels. Our observations, discussions and evaluation of evidence during this inspection confirmed this remained the case. Managers within the department and those operating at a more senior level were suitably skilled and experienced. They provided a range of services which were highly effective, responsive and person-centred. Patients and staff clearly expressed their satisfaction with the performance of the department. Patients told us they felt valued and listened to by staff and managers at all levels of the organisation. The staff we spoke with were equally positive and told us they were respected, appreciated and supported by the organisation to develop their knowledge, skills and competencies.

Leaders had responded positively to the challenges posed by COVID-19. Measures were developed and introduced with the involvement of staff which improved safety without causing undue disruption to patients or the provision of services. Staff we spoke with told us senior managers remained visible and approachable within the guidelines and restrictions imposed.

Vision and Strategy

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

Outpatients

Leaders within the department spoke passionately about its achievements and ambition. Staff understood and continued to deliver the values expressed as part of 'Exceptional People, Exceptional Care'. This articulated a vision of a service where patients were treated as individuals with compassion, integrity and kindness. Patients and staff were reminded of the vision through the display of posters in the department. The interactions we witnessed and the discussions we had clearly indicated the vision was successfully applied in day to day operations by staff at all levels of the organisation.

Organisational strategy was routinely communicated and discussed with staff. There was a persistent focus on the continuous improvement of safety and quality. Managers and staff understood their roles and responsibilities in this regard. Performance and progress were systematically monitored and reviewed to ensure the services quality goals were achieved and sustained.

Culture

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

There was a clear and strong, positive culture in the department which was evident in the environment, systems, processes and discussions with patients and staff. The culture was deeply embedded and had a clear focus on improving the experience of patients. Staff were proud of the culture and their contribution to patient care.

Each of the staff we spoke with were highly motivated and passionate about their role. This had a positive impact and resulted in patients receiving care and treatment of the highest quality. Patients confirmed this was the case when we spoke with them and in their responses to satisfaction questionnaires.

Managers and staff spoke with honesty and candour about the challenges the service had recently faced and may face in the future. However, they were realistic, positive and creative when considering how best to address these challenges as a team.

Governance

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

There were extensive, robust systems and processes in place to monitor safety and quality. Staff had access to critical data and reports and were aware of their roles and responsibilities to escalate concerns. We saw minutes of meetings involving staff and managers at all levels where information of concern was discussed and action to improve practice was agreed.

Each element of the governance structure was supportive of organisational strategy and departmental objectives. There were clear lines of responsibility and accountability throughout the structure.

Staff recognised the value and importance of effective governance processes and contributed accordingly. Managers used meetings and other methods to ensure there was regular feedback. Staff contributions and successes were routinely recognised and celebrated.

Outstanding ☆

Outpatients

Management of risk, issues and performance

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

See surgery for the main findings.

The outpatient's department had robust systems and processes in place for reporting, assessing and managing risk. Risk was recorded on a register and subject to regular review by a senior management team. Each of the risks we saw on the register was supported by appropriate control measures (measures to reduce the risk of exposure to and/or impact of an identified risk). Managers continued to hold monthly meetings and safety huddles with staff to discuss ongoing and emerging risk. The department had a low number of risks currently identified.

Information Management

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

Systems for storing and sharing information were compliant with the Caldicott principles which meant sensitive, or personal information was stored securely. Authorised staff could access information in accordance with their roles and responsibilities. Staff we spoke with told us they had all the information needed to provide safe care and treatment.

Data was collected and used by the department to monitor and drive improvement. It was shared internally through secure systems. It was only shared externally as required by legislation. For example, when providing statutory notifications to the CQC. Personal data was redacted or coded to ensure confidentiality was maintained.

Engagement

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

Managers and staff recognised the value of engagement in support of safety and quality improvements. They also recognised engagement as a key component of their vision and strategy. Patients and other key stakeholders from the local community were actively encouraged to engage with the department and the wider organisation to provide feedback. There was clear evidence of these views being acted on to improve the service. For example, through the 'We listen, we learn, we improve' process which detailed organisational response to suggestions or concerns raised.

The hospital took part in community events to actively engage with those who used the service. However, the restrictions imposed in response to COVID-19 had limited such opportunities since the last inspection.

Staff were kept informed about engagement opportunities and provided with feedback through regular bulletins and email circulars. Restrictions on meeting face to face meant that some corporate events and meetings had been placed on-hold.

Outstanding ☆

Outpatients

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

All staff demonstrated a commitment to the process of continuous improvement. Systems, processes and organisational values provided an effective foundation for the review of practice. HCA used established methodologies to deliver quality improvement. Leaders and staff continued to participate in recognised accreditation schemes and projects to improve practice and the patient experience.

Staff at all levels were supported and encouraged to access learning and development opportunities for their personal and professional development as well as that of the wider organisation.

The staff we spoke with were honest about the impact of the pandemic on change processes, but highlighted the pace at which they responded, and continued to respond to the pandemic as an example of their flexibility and commitment to patient care.

Outstanding ☆

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

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

Mandatory training

The service provided a comprehensive level of mandatory training in key skills to all staff and made sure everyone completed it. If staff compliance did require improvement an action plan was put in place.

Staff told us that they had an induction program when they started their employment and refresher training on a yearly basis. Training was provided online. Staff showed us a computer network shared drive, that included hospital and department policies and procedures they could access.

Mandatory training modules included; dementia, disability awareness, HCA ethics & the code of conduct, mental capacity act/deprivation of liberty safeguards, basic life support, infection control, HCA equality & diversity, duty of candour, HCA health & safety and privacy & security.

Mandatory training was at 100% compliance at the time of our inspection.

Safeguarding

Staff had comprehensive knowledge about how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Training compliance including safeguarding was a regular agenda item for team meetings.

Safeguarding was part of staff mandatory training. Adult safeguarding training at level 3 had a staff completion rate of 100% and child safeguarding training at level 2 and 3 had a staff completion rate of 100%.

Staff were able to tell us about different types of abuse including child sexual exploitation and female genital mutilation. Staff were aware of how and who they would make an adult or child safeguarding alert to.

Outstanding ☆

Diagnostic imaging

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Equipment and premises were visibly clean to a high standard.

The service had responded well to the COVID-19 pandemic. Patients were greeted at reception, had their temperature taken, given a mask and asked to complete a COVID-19 screening questionnaire.

All diagnostic areas were clean and had suitable furnishings which were well-maintained. The flooring in the diagnostic department had a wipeable surface.

We witnessed all staff adhering to being 'bare below the elbow'. We observed there were hand wash sinks and hand sanitizer which staff used before patient contact. Sinks displayed correct hand washing technique; "5 Moments of Hand Hygiene".

IPC audits were completed monthly and compliance was 100% for eleven of the previous twelve months.

Personal protective equipment was available in the department and was worn appropriately. Sharps bins in clinical areas were clean, secure and not overfilled

The diagnostic department had not reported any cases of methicillin-resistant staphylococcus aureus (MRSA), methicillin-sensitive staphylococcus aureus (MSSA), clostridium difficile or Escherichia coli in the last twelve months.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff competencies to use equipment were assessed and if applicable reviewed. Staff managed clinical waste well.

We observed that all areas were clean, tidy and free from any clutter. All imaging equipment was maintained and serviced at regular intervals. We observed clear signage where ionising radiation exposure would occur.

All imaging and clinical areas on the ground floor were suitably sized. There were large changing rooms for the patients which has secure lockers for patients' belongings. There was a changing room for disabled patients which had mobility bars in place. Each changing room had an emergency pull cord in place, which was at the correct height.

The resuscitation trolley within the department was fully checked, stocked and the signing sheet was up to date.

Staff had competency program training and we observed staff files for each type of imaging carried out for example X-ray, MRI etc. This ensured staff were competent in the specific imaging service they worked within.

Assessing and responding to patient risk

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

Outstanding ☆

Diagnostic imaging

The imaging manager of the service was the designated radiation protection supervisor (RPS). Their training was up to date and they had detailed knowledge of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). A review of all risk assessments had been completed in September 2021.

We observed that patient details were checked appropriately and there were posters and signs in the department to remind staff to do this. Safety questionnaires were also completed prior to imaging procedures taking place.

We reviewed the service's inclusion and exclusion criteria, which included clear patient circumstances where specific imaging procedures would not be carried out. The criteria was clear and patient focussed to reduce risk of harm.

There were clear warning signs on the outside of rooms to warn people of the risk of radiation and when it was not safe to enter the area. Posters were located in the department reminding staff and patients about the need to discuss the pregnancy or the possibility of pregnancy for female patients.

Radiographers were able to recognise clinical concerns and escalate to a radiologist who would compile an urgent report.

Staff were aware of what to do in the event of a deteriorating patient and demonstrated a safety simulation for us. The simulation process was safe, systematic and all staff knew their roles.

All staff knew of the resuscitation trolley and how to locate it.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. Bank and agency staff performance was reviewed, which determined if they would continue to be offered any shift work.

The service had seven members of staff in post which included; an imaging manager, lead radiographer, trainee MRI radiographer, senior MRI radiographer, senior mammographer, radiology departmental assistant and a radiology administrator. The roles of general radiographer and lead MRI radiographer were being actively recruited to the service.

The service told us staffing levels were reviewed for the department at least once per day in order to ensure that sufficient numbers of appropriately skilled staff are on duty at all times

We observed that staff displayed a high level of skill in carrying out their role and imagining procedure.

A noticeboard, in the waiting area, displayed photos of staff members for the service.

The service included 35 consultant radiologists under practising privileges. We noted that their credentials were within expiry dates.

Records

Diagnostic imaging

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

We observed three patient records and noted that required information for example, radiation doses, and identification forms were present and had been scanned in electronically.

We observed that patient records were stored electronically. Staff told us that imaging request forms were printed as part of the booking process, however, after the procedure all documents were scanned into a picture archiving and communication system (PACS) and stored electronically.

Staff told us that bank staff have access to all electronic systems with relevant training and support. Staff also told us that any agency staff were not given PACS or electronic record access, however they were always supervised by member of permanent staff, with the relevant access.

We observed electronic computer systems were password protected. Privacy and security was included as a module of mandatory training. A secure system was in place for encrypted transmission of records to other medical facilities.

Medicines

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

We observed that medicines required were kept in a locked temperature-controlled fridge with content logs checked daily

We observed that all contrast agents were stored correctly and dates were all within their expiry. All required questionnaires and kidney function tests were completed before an examination and two persons were present during a contrast injection. Imaging slots allowed extra time to meet any additional needs of patients requiring a contrast procedure.

The service undertook medicines audits, which we reviewed. The audits were at 100% compliance for the twelve months prior to inspection.

Incidents

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

For our detailed findings on incidents, please see the safe section in the surgery report.

No serious incidents had happened within the service within the past twelve months.

Staff told us that incidents were reported using an electronic system and were investigated. Learning from incidents was embedded into policies or procedures where appropriate. Duty of candour was covered in a mandatory training module which staff had to complete. This was further embedded within a duty of candour policy.

Outstanding ☆

Diagnostic imaging

We reviewed an incident that was investigated, which included clear lessons learned and resulted in updated and clearer guidelines.

We saw evidence that patient impact incidents were discussed within weekly meetings. Any learning from incidents was shared within the Imaging team meetings, from both department specific and hospital wide incidents, to embed wider learning and experiences.

Are Diagnostic imaging effective?

Inspected but not rated

We inspect but do not rate effective in diagnostic imaging services.

Evidence-based care and treatment

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

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

The service provided care and treatment based on national guidance including the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Policies were aligned with and referenced the Ionising Radiation Regulations 2017. Managers had comprehensive knowledge of the regulations and checked to make sure staff followed guidance.

The Ionising Radiation Regulations 2017 are regulations concerned with the protection against exposure to ionising radiation as a result of work activities. The radiation safety policy and local rules for radiation safety were available to staff both as a paper copy or electronically. We observed that all local rules were signed and dated by staff as being understood, within the twelve months prior to our inspection. Imaging risk assessments were fully completed and we also noted specific pathways were in place for certain conditions such as; the breast 'one stop clinic'. X-ray audits were completed every three months with a consultant radiologist to reflect on image quality. Any images that were rejected were examined and questioned. The X-ray service was quality assured externally by an independent organisation, again every three months. The latest assessment noted all were of correct imaging and good quality.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Refreshments were available in waiting areas, for patients to access.

Nutrition and hydration audits were at 100% compliance for the twelve months prior to our inspection.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Outstanding ☆

Diagnostic imaging

We observed staff introduce themselves to patients and took time to ask how they were feeling. Medicine or pain relief was available for imaging procedures if required, such as a muscle relaxant.

Patient outcomes

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

Patient experience audits were compiled and showed 100% compliance rate for the previous twelve months prior to inspection. The service took part within an HCA UK corporate accreditation scheme, which measured the service against being; safe, effective, caring, responsive and well led. The imaging department had been internally awarded Gold accreditation status. See surgery section for how the service compared itself to other providers

Multidisciplinary working

The service worked together as part of a wider hospital and corporate team to benefit patients. They supported each other to provide good care.

Staff told us the imagining department took part in weekly multidisciplinary team (MDT) meetings with other specialities within the hospital. The service provided us with records of breast clinic and private practice MDT minutes that documented patient discussions, outcomes and action plans. The meetings were attended by imaging, surgery and other speciality healthcare professionals.

Competent staff

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

The service provided us with evidence of staff being assessed against key imaging department competencies when they commenced their position.

Staff had an annual appraisal and all staff we spoke with told us they had regular supervision, which included objective setting at the beginning of the year, a mid-year check point and also an end of year evaluation. Team meetings were held regularly to discuss issues, provide peer support and share learning. We reviewed the temporary staffing policy for the hospital and also an imagining department specific bank worker induction forms. The induction forms were robust and comprehensive.

See surgery section for the process of granting and reviewing practicing privileges.

Seven-day services

Imaging services were available regularly to support timely patient care.

The imaging department was open five days a week, with some occasional appointments available on a Saturday. The department was closed on a Sunday.

Outstanding ☆

Diagnostic imaging

Health promotion

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

The service provided health promotion leaflets about topics including; physical activity, smoking cessation and alcohol intake levels.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Patient consent was gained and the process detailed in a corporate consent policy. They knew how to support patients who lacked capacity by way of best interests decisions. Any measures that limited patients' liberty were the least restrictive.

We observed that the service requested patient consent for imaging procedures. Staff told us that consent forms for patients were completed, stored and audited. Staff were aware of the hospital's mental capacity policy and could explain what would happen if a person did not have the capacity to consent to any imaging procedure. Staff were aware of how a best interests decision would be made on behalf of a patient.

Staff were aware of the roles and responsibilities of a person acting under a Lasting Power of Attorney and also, the importance of consulting any family members involved in the care of an incapacitated person.

We observed a patient's record of capacity assessment and best interest decision made about a diagnostic procedure. The process followed was correct and comprehensive and considered the least restrictive option. The service was able to provide diagnostic imaging services to children and young persons and had a children and young persons policy in place. The service was aware of children specific consent issues and that a child under 16 could be 'Gillick competent'. Gillick competence is a phrase that refers to a legal basis, for a person under the age of 16, to be able to give their consent for a procedure.

Are Diagnostic imaging caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Compassionate care

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

Diagnostic imaging

Staff introduced themselves to patients and took time to ask how they were feeling. Staff asked patients how they felt about the imaging procedure and if they had any questions. Staff asked patients if they fully understood the information given to them and assured that, if they had any questions, to ask a member of staff.

Staff clearly explained the diagnostic procedure and the time it would take to the patient. We witnessed staff interacting with patients throughout their procedure. Staff gave patients positive feedback during the imaging procedure, where appropriate and continued to ask how the patient was doing. Patients were reassured by staff if they wanted the procedure to stop at any moment, to just say.

In the imaging areas there was privacy curtains and gowns provided to patients. There was a blind between the MRI and the control room for patient privacy, once they were on the bed.

We spoke to three diagnostic patients while on inspection, each patient felt staff had been compassionate and caring. They said that the care they received was excellent.

Patient information was given in leaflet form and was also online. Patients felt that the information given was appropriate and easy to understand. Staff spoke privately to patients and did not discuss their care in waiting or public areas. We noted a chaperone policy was in place for ultrasound, primarily with reference to testes and gynaecology scans. Chaperone documentation audits were at 100% compliance for the previous three months prior to our inspection.

Emotional support

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

We observed staff provide patients with emotional support, by asking how they felt about their scan and if they had any questions. Patients were given reassurances during their scans, for example in the MRI scanner patients were spoken to over the intercom and asked if they were comfortable and happy to continue.

A chaperone policy was in place and was highlighted by multiple posters around the department. This poster was accessible for patients as it was in eight different languages. It highlighted to patients that if they wanted a chaperone to ask staff and they would arrange.

Staff informed us that they asked patients if they had any phobias before starting their scan. If a patient identified as claustrophobic or did not like smaller spaces, the MRI scanner had a pair of prism glasses that patients could wear which allowed them to see outside the scanning bore.

If a patient highlighted they had fears at an initial consultation, staff could arrange for the patient to visit the department to lie in the scanner and experience beforehand. A service manager told us about instance where a member of staff re-arranged their working pattern to be present for a patient, to provide continuous and recognised support during their appointment times.

Understanding and involvement of patients

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

Outstanding ☆

Diagnostic imaging

Staff asked patients how being scanned would feel to them. Staff offered to play the patients favourite music to support them while having the procedure.

Staff routinely asked patients if they were happy with what scans were taking place and that they had an understanding about why they were having them. Staff respected patient choices and care was given on an individual patient basis.

Patients told us that the information given to them was clear and easy to understand.

Are Diagnostic imaging responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The diagnostic departments mainly provided services to adult paying patients, however it could provide imaging services to children and young persons if needed. A total of 202 patients under the age of 18 had been seen in the previous 12 months. They were within the 6 to 17 age range. We reviewed documentation which demonstrated 100% compliance in level 3 safeguarding children training. The service did not have a Computed Tomography (CT) scanner, however there was a service level agreement in place, with a local NHS trust for the use of one.

The service provided a secure car park, with disabled parking.

The waiting area had comfortable seats and patients were offered hot and cold drinks as well as biscuits. The waiting areas also had a supply of magazines, newspapers and sporting memorabilia was displayed on the walls.

The department was clearly signposted, with signage being large and easy to read. Patients had a choice of their appointment time and staffing levels were flexibly managed to facilitate patient requests.

The service operated regularly five days per week, with occasional Saturday opening for greater flexibility. Staff told us that appointment slots were usually able to be offered the next day, should a patient wish. Staff showed us the electronic booking calendar for the service which clearly demonstrated available imaging slots for the following days.

Meeting people's individual needs

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

Outstanding ☆

Diagnostic imaging

The department was wheelchair accessible; the main waiting areas and corridors were spacious and allowed wheelchair users to move around freely. There was a lift to all floors. The department had evacuation chairs on all floors for instances when patients could not use the lift.

The diagnostic department had accessible toilets. The department had a hoist if a patient needed assistance to be transferred from a chair to the scanner bed. The MRI scanner was capable of scanning bariatric patients.

The department offered interpreter services. This was highlighted on posters around the department and translated into eight languages. A pregnancy safety poster which had been translated into 12 languages informed patients to notify staff if they thought they could be pregnant. Information leaflets could be produced in braille, if requested, by the patient.

Patients with complex needs were assessed by staff on an individual basis to determine whether they could be treated effectively. If the service felt they could not provide the support needed then the patient was rereferred to the NHS.

A chaperone policy was in place and this was signposted throughout the department. Staff informed us that best efforts were made to access a member of staff, whose gender was in line with the wishes of the patient.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to scanning were in line with national standards.

Patients could access the service from a referral by their GP or insurer. Staff contacted patients and offered an appointment of their choice. A process was in place for same day appointments.

Waiting times were monitored throughout the day and any delays were conveyed to patients and apologies given. Diagnostic slots were thirty minutes in length, however more time was given if patients required. The diagnostic service did not have a waiting list and it was not uncommon for patients to be offered same day appointments.

In the last twelve months the MRI scanner had been out of order for five days.

The diagnostic department rarely had ‘did not attend’ patients but if there were, staff contacted patients to ask if they were still planning to attend. The provider was compliant with the six week diagnostic test national standard.

Learning from complaints and concerns

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

If a complaint was raised, this was assigned to a senior member of staff initially. If a patient was unhappy with the outcome, then this could be escalated to the governance team. Patients we talked to said they had been made aware of the services’ complaints procedure.

Outstanding ☆

Diagnostic imaging

We were told there had been four diagnostic complaints, about the service, within the past 12 months. All had been successfully resolved. Information from complaints was collated within a complaints management audit and learning from this was shared using the following platforms team huddles, governance meetings, a governance message of the week and keep me safe campaigns.

Are Diagnostic imaging well-led?

Outstanding ☆

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

Leadership

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

Staff told us they had confidence in their line management and the leadership of the service.

There was clearly defined and visible leadership for the service with a local imaging manager, supported by the regional imaging manager.

Staff were able to tell us about the service's corporate speaking up policy, where it could be accessed and that they had the confidence, to raise issues or concerns. The service provided us with a copy of a poster providing the details to staff of both; a local Freedom to Speak Up Champion and corporate Freedom to Speak Up Guardian.

See surgery for the main findings.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood how to monitor progress.

Imaging department managers could tell us about the corporate vision, values and strategy for the service – 'Exceptional People, Exceptional Care'. This included; exploring the use of more imaging types like Computer Tomography (CT) scanning and also providing services on a Sunday.

In our most recent inspection report, we suggested the service should have a written strategy in place for the diagnostic service. As part of this inspection, the service was able to provide us with a copy of a written strategy, which detailed an action, any progress and how to tell if an action was successful.

See surgery for the main findings.

Culture

Outstanding ☆

Diagnostic imaging

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

Staff told us that they felt part of a team, and described the culture of the department as open, honest and not being afraid. There was a strong team focus on patient duty of candour. Senior managers of the department told us they promoted a culture of being transparent and approachable, with a focus on team collaboration and high levels of technical knowledge.

Staff told us that career development opportunities were available and as an example told us about a member of the team, who had recently been supported to train as an MRI radiographer.

See surgery for the main findings.

Governance

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

Service leaders told us about the governance process and the hospital's governance lead. Leaders described how the imaging core service fed into monthly hospital wide operations meetings. An up/down governance system was in place so that the service could feedback on areas which could be improved upon. This feedback was sought within regular departmental meetings and then submitted to be reviewed within the wider governance structure and corporate team.

We reviewed minutes of imaging department meetings and found that these included regular topics such as governance messages, risks, shared learning and staff 'reasons to be proud'.

See surgery for the main findings.

Management of risk, issues and performance

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

If there was an issue which compromised patient safety or quality i.e. with equipment and required financial expenditure, an appraisal and business case was submitted to hospital leaders for approval. We observed within the risk register that the purchase of a better-quality ultrasound machine had been approved by this process.

See surgery for the main findings.

Information Management

Outstanding ☆

Diagnostic imaging

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

We observed electronic computer systems were password protected. Privacy and security was included as a module of mandatory training. Patient information was transferred via secure electronic systems. Paper records were scanned onto the electronic system and then destroyed safely. Service leaders and staff told us about how and who would submit data, alerts or notifications.

See surgery for the main findings.

Engagement

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

Patient experience was actively sought. The service had adapted this to incorporate electronic forms which had increased patient participation. Detailed patient satisfaction reports were compiled which included key areas, trends and hospital comparison. Audits were completed for patient experience and showed a 100% rate for the twelve months prior to our inspection. Staff asked patients how they felt the procedure had gone after they were finished and encouraged patients to give feedback about their experience. There was an online patient feedback system in place, to capture this information. The service provided us with examples of patient satisfaction action plans which comprehensively detailed; the patient issues, the actions to improve, which member of staff was responsible for the actions and the required dates to complete.

Staff told us about a service level agreement in place, with a local NHS trust for the use a CT scanner as an example of collaborating with other organisations.

See surgery for the main findings.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation

Service leaders told us that they used the following; audits of patient impact indicators, key performance indicators (KPI) and the situation, background, assessment, recommendation (SBAR) tool to evaluate and improve the service.

Continuous learning was embedded as a standing agenda item within team meetings, which discussed both local and hospital wide incidents and events, for staff to reflect upon and learn from. Staff were proud of innovative means of working, such as the one stop breast pathway.

See surgery for the main findings.

Outstanding

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

The service provided a comprehensive mandatory training programme in key skills to all staff and made sure everyone completed it. They had an exemplary compliance rate for completion of mandatory training and were pro-active in ensuring staff remained compliant.

Staff received and kept up-to-date with their mandatory training. We saw evidence that, on the date of inspection, the overall compliance rate for completion of mandatory training was 100% for staff on the ward and 97% for theatre staff (due to staff absence).

Staff told us they were given time away from the ward to complete any mandatory training that needed to be done. The lead nurse advised that she would review the training log and schedule additional staff on the rota if any staff required an extended period of time to complete several modules at one time.

We saw that the ward 'team brief checklist' included prompts for staff to allocate protected time for e-learning.

Managers monitored mandatory training and alerted staff when they needed to update their training. We were told that the training lead and/or lead nurse would speak with any member of staff that had any mandatory training that still required completion. Details of any outstanding training was sent to them via the learning academy.

We were told that all staff had been instructed to check their training schedules daily as there were often updates they needed to complete, or additional modules that had been added to the schedule.

The mandatory training was comprehensive and met the needs of patients and staff. We reviewed the learning academy webpage and saw that all the mandatory training modules were extensive. They included training such as, infection control and sepsis management, dementia training, basic life support and safeguarding adults and children. There were also various additional non-mandatory training modules available to staff to supplement their knowledge and skills.

Staff told us there were a variety of other courses available for them to complete, such as caring for paediatric patients. They told us the organisation was keen for staff to develop further skills and knowledge by undertaking additional training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. We saw that all staff had undertaken training in mental capacity and deprivation of liberty, learning disabilities/autism and dementia. Staff told us they had found the dementia training very comprehensive.

We were told that all staff had access to mental capacity act and deprivation of liberty assessment guidance cards which could be carried in their pockets. These cards had been designed by the safeguarding lead to help improve staff knowledge of the mental capacity act and to act as a prompt when required. We saw a copy of the cards which reminded staff to assess, record and discuss actions with their multidisciplinary team and safeguarding lead.

Safeguarding

There was a comprehensive safety system in place to keep people safe. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training specific for their role on how to recognise and report abuse. Training records provided by the service showed that all surgical staff completed either level 2 or level 3 safeguarding adults training and level 2 or 3 safeguarding children training (dependant on roles). From the data provided by the hospital and the mandatory training records viewed at the time of the inspection, we saw that all theatre staff were 100% compliant with safeguarding training.

The staff working in the physiotherapy service, which was contracted by the hospital, also completed the hospital's mandatory training and also had access to the additional training modules accessible to staff within the hospital.

Staff had excellent awareness of how to protect patients and, although safeguarding concerns happened infrequently, they were able to give examples of the situations or circumstances where they may need to raise concerns.

We saw that the service proactively encouraged staff to reflect on safeguarding pathways by prompting staff at ward team briefing meetings.

The service had a safeguarding lead who was proactive in assisting where staff had any safeguarding concerns. Staff told us how they would make a safeguarding referral and who they would inform if they had concerns. We were given an example where a patient had presented with confusion which had not been evident at the pre-operative assessment. The safeguarding lead, who had level 4 safeguarding training, attended to carry out a mental capacity assessment and worked with the clinician, patient and family to decide whether it was appropriate to continue with the procedure.

The safeguarding lead attended a HCA corporate safeguarding lead peer supervision and safeguarding committee where learning was shared from across the organisation.

Staff knew how to identify adults and children at risk of, or suffering, significant harm.

Staff told us that the paediatric nurse specialist would stay with any person under 18 years of age throughout the surgical pathway and would ask key questions to help identify any possible safeguarding concerns. The service held quarterly safeguarding group meetings to review safeguarding concerns and share learning.

The hospital's mandatory training included a PREVENT module to help staff identify patients and find ways to prevent people being drawn into terrorist or extremist groups and/or activity. Data showed there was 100% compliance in completion of this training.

We were told the hospital's safeguarding training also included training on domestic violence which was an area that had been a corporate priority.

The hospital had access to a mental health liaison nurse if required and the chief nursing officer was the mental health and safeguarding lead.

Cleanliness, infection control and hygiene

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

We saw that all ward and theatre areas were exceptionally clean and had suitable furnishings which were clean and well-maintained. On the ward all rooms were cleaned and prepared before new patients arrived and a checklist was completed and signed to ensure all activities had been undertaken. For example clean dressing gowns in the rooms, toilets cleaned and sealed and clean stickers were put in place. We saw that all the checks had been undertaken as required in the rooms we observed.

The ward also had a shut down checklist which was completed at the end of the day, ensuring that all rooms had been cleaned and prepared ready for the next day.

We saw that all non-clinical areas were clean and free from any clutter which could pose a risk to staff or patients. There were adequate supplies of personal protective equipment (PPE) and hand sanitising gel was available in patient's rooms and throughout the ward.

The service performed well for cleanliness and hygiene. Information provided by the service showed 100% compliance in infection, prevention and control (IPC) audits, which included hand hygiene, COVID-19 IPC processes and general IPC principles. Cleaning audits produced in November 2021 showed a compliance rate of 100% across the surgical service. Both areas scored above the service target rate, which for the ward was 95% and for theatre, 97%.

Data provided by the hospital showed there had been no cases of hospital acquired methicillin-resistant staphylococcus aureus (MRSA), methicillin-susceptible Staphylococcus Aureus (MSSA), clostridium difficile or escherichia coli (E. coli) infections in the 12 months prior to the inspection.

We saw that staff followed infection control principles including the use of PPE. We saw all staff complied with the 'bare below the elbow' policy and local audits corroborated our observations. We observed all staff wearing face masks and using sanitising hand gel between patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw that labels, with the date of cleaning, were applied to all relevant equipment and furnishings showing that they had been cleaned on the date of the inspection.

Outstanding ☆

Surgery

The service worked effectively to prevent surgical site infections. Both theatres within the unit had laminar flow systems, which circulate filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. We saw that the ventilation systems within theatres had been regularly checked for bacteria.

We saw there was a universal surgery swab board fixed in place in both theatres and were told the hospital had a service level agreement in place for the provision of sterile surgical supplies. There was a four-hour fast turnaround for sterile services.

We did not witness staff treating surgical wounds whilst on inspection, however we were told that use of aseptic non touch techniques was monitored as part of the IPC audit for surgical staff.

Environment and equipment

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

The design of the wards and theatres was well designed, taking into consideration the Health Building Note guidance. The flow between the ward, theatre and recovery areas was well thought out. Staff had a clear view of all rooms from the nurses station. Patient privacy could be maintained at all times.

There were eight individual rooms on the ward, each with a bed and chair for patient use. The rooms had lockable medicine lockers and lockers for personal belongings.

The ward and theatre/recovery areas had recently been separated so that they were staffed separately. This allowed staff to focus on one area. Additionally, this meant that staff on the ward could wear their nursing uniform as opposed to scrubs.

The ward and theatre areas were well equipped with enough monitoring equipment for the number of patients being seen at any time. Patients had their own electrocardiograph (ECG) monitor in their room on arrival, which meant that patients could be continuously monitored from ward to theatre and back without having to detach and reattach equipment.

Patients could reach call bells easily. We did not hear any call bells being used while we were on the ward. However, the patients we spoke with said they had been shown where the bell was and advised to use it if they required assistance. We saw posters on the walls in the bedrooms which advised patients to ‘Call, don’t fall’.

Staff carried out daily safety checks of specialist equipment. We saw safety checks had been carried out on all relevant equipment, with the due date for the next safety check noted. We saw checklists were completed daily by a nominated member of staff, which included checks of the resuscitation trolley, emergency call bells, fridge temperatures, blood glucose monitoring machines and utility rooms. They also carried out checks on the cardiac bleep and the walkie talkie and controlled drugs. We saw evidence of the completion of this checklist. The checklist also contained key reminders for the staff member, for example, to review safeguarding pathways, read the governance message of the week and to check the staff ‘read and sign’ folder.

The ward and theatre areas were well equipped and faulty or damaged equipment was repaired or replaced quickly. We were given an example of where the bladder scanning equipment had been reported as being in good working order but feedback was that it was outdated. As a result of the feedback this was replaced within two working days.

The service had enough suitable equipment to help them to safely care for patients. Whilst the service did not have any specialist bariatric equipment, the equipment they had was suitable for dealing with the patients that they would accept within the service. The service had a general policy whereby only patients with a BMI under 40 would be accepted for surgery. If the patient's BMI was over 40, they were assessed on a case by case basis and only accepted if it was safe to do so.

We saw that theatres had a difficult intubation and a cardiac arrest trolley appropriately sited. They had both been checked, and those checks documented, in accordance with the hospital policy. There was a blood fridge available in the theatre with two units of 'O' negative blood available. There was a service level agreement in place with an NHS Trust who replaced their stock of blood every two weeks. We saw that temperature checks had been carried out and recorded in line with the policy.

Staff disposed of clinical waste safely. We saw staff dispose of clinical waste appropriately. Audit information, provided by the hospital, showed an average score of 91% in the management of waste on the surgical ward and 99% in theatres, over the previous 5 months. Issues identified related to incorrect segregation of waste and an unlocked storage area. Staff were reminded of correct processes via team meetings, staff briefings and displayed posters.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. There was a proactive approach to anticipating and managing risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff had access to all the information required to keep their patients safe.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service had a robust recognition and management of sepsis and septic shock policy in place and staff described what actions they would take and what factors to look for when identifying a deteriorating patient. The hospital used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. We saw that staff had recorded NEWS2 observations at 15 minute intervals post procedure.

The service had recently introduced a new electronic monitoring system, operated via a handheld mobile device which recorded and calculated the overall NEWS2 Score. Observations were in line with the recommendations in the Royal College of Physicians (RCP) NEWS2 update and aligned with the Resuscitation (UK) ABCDE sequence. A NEWS score of five or more is a key trigger for urgent clinical review and action. The software automatically alerted the resident medical officer (RMO) where a NEWS2 score reached five or above. We were told that the software also had a dedicated sepsis screening module and reflected the 'new confusion' score.

Audit data from a report dated November 2021 showed there was 100% compliance with the recording of early warning system scores during the reporting month (October). The introduction of the software was expected to assist in the auditing of NEWS2 recording.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

The hospital had a robust process in place for assessing patients prior to admission. Patients undergoing elective surgery had a pre-assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified. The service used a criteria-based tool to determine which patients received telephone/video link assessments rather than face-to-face assessments.

Outstanding ☆

Surgery

Staff told us that the hospital had its own admission criteria and only admitted patients who they had facilities to care for. We were told that there was a 'Fit for Surgery' assessment undertaken prior to accepting the patient for surgery; with an assessment document that was over 30 pages completed on an electronic system.

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

Patients were swabbed prior to admission to assess for any colonisation of methicillin-resistant Staphylococcus aureus (MRSA) as per hospital policy and were asked to isolate and undertake COVID-19 swabs prior to admission. Staff told us of a new DNA hub which allowed rapid COVID-19 testing to be undertaken on the day of admission.

Patients had a venous thromboembolism (VTE) assessment, malnutrition universal screening tool (MUST) and pain assessment undertaken on admission. Data provided by the audit accountability committee (October 2021) showed that over the six months prior to our inspection the surgical core service was 100% compliant in completion of these assessments.

In theatre, staff used the five steps to safer surgery process, however, due to the timings of our visit to theatre we did not observe this being undertaken. The hospital carried out regular audits to ensure that staff were compliant in the use of World Health Organisation (WHO) documentation for safer surgery checklists. Audit information provided by the compliance rates over the six months prior to the inspection were between 97% and 100% for the WHO documentation for safer surgery and the WHO observational for safer surgery.

The hospital had an on-call RMO when patients stayed overnight. They slept onsite so that should a patient deteriorate they could respond quickly. Should a patient deteriorate rapidly staff would ring 999 for an emergency ambulance and transfer to the most appropriate hospital. The hospital had an cardiac arrest team which could be contacted by ringing 2222. All patient facing staff completed either basic life support or intermediate life support training, depending on their role.

The hospital had an agreement with local hospitals whereby consultants, who had practising privileges at HCA The Wilmslow Hospital, could be called to assist with any unforeseen medical emergency, where it was not safe for the patient to be immediately transferred. We were told that if any patient who needed to stay overnight, due to unforeseen concerns and where they required more intensive monitoring overnight, the hospital had a transfer out policy. If any patient's health unexpectedly deteriorated, they were transferred to local NHS hospitals on an emergency basis.

The hospital had reported one serious incident in the last 12 months, where a patient required urgent intervention from another consultant following unforeseen complications during a surgical procedure. The service had had no 'never events' in the 12 months prior to the inspection.

Staff knew about and dealt with any specific risk issues. Staff gave examples of what would pose as risks to patient health and safety and told us how they would escalate them. We saw that the hospital had a robust 'reducing the risk of falls' policy and used an online screening tool for falls risk assessment. We were told that any patient risks, for example falls, allergies etc, were flagged on the patient's record so that everyone could see them at a glance. We saw in one patient record that their allergy to dairy and gluten had been flagged at the pre-assessment stage.

Surgery

Staff shared key information to keep patients safe when handing over their care to others. All patients were provided with a discharge report with a copy shared with their GP. We saw a copy of a letter produced for one patient, which included key information regarding their procedure, details of medicine and copies of photographs taken during the surgery. One patient told us they had also been provided with a copy of the video from their keyhole procedure.

Patients were followed up by telephone the day after their surgery to check on their progress and to answer any questions they may have. Following feedback from patients who were worried they may not remember key information after surgery, as they had no relative or support person with them, staff told us they had introduced a process so that when patients were discharged, with their permission, important information about the procedure and post operation instructions was also reiterated to their relative/carer when they were picked up.

Shift changes and handovers included all necessary key information to keep patients safe. The staff told us of their handover routine and we were shown a copy of a handover document that was completed for nurse co-ordinator handovers. This included key information relating to areas such as staffing information, outstanding tasks, COVID-19 swab data and theatre list changes for that day. A ward co-ordinator responsibilities document also reminded the co-ordinator to ensure that all staff were aware of the escalation process. It included tasks such as completing the fire register for all ward staff, attending the crash team huddle and undertaking a walk round of the ward. This was signed with the time each task was completed.

Daily staff huddles were held prior to arrival of the first patients and included allocation of patients and specific jobs to staff members.

The hospital had a daily meeting, held at 9am. The ward co-ordinator would share information regarding staffing and number of patients being admitted that day, as well as any issues for that day or the following day. Weekly head of department meetings were held which covered various topics such as recent incidents and action plans and current patient risks. This meant that staff had a broader view of the risks throughout the hospital and allowed learning to be shared more widely. Updates from these meetings, at the request of staff, was shared in the hospital's communication tool.

We saw that a list of emergency contact numbers was readily available to staff.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. They had a specialist paediatric nurse within the service, four staff within the hospital had undertaken paediatric intermediate life support training and two had completed basic paediatric life support training. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough medical, nursing and support staff to keep patients safe. We were told that the service did utilise bank/agency staff to cover nursing shifts, however, those staff had worked for the hospital bank service for several years and were aware of the processes and procedures followed on the ward and in theatres. The wards and theatres were fully staffed on the day of our inspection.

The hospital had two registered medical officers (RMO) who had worked at the hospital for a few years. The hospital had a service level agreement in place with an external organisation, for the provision of RMOs. Where alternative RMO cover was required the senior clinical team and clinical governance lead reviewed the replacement doctor's curriculum vitae and qualifications in advance. The RMO's worked alternate weeks, Friday to Friday.

All bank/agency staff had a period of induction, and supervision where required, on commencing work at the hospital. A new member of the nursing staff told us that they had been provided with a comprehensive induction programme, with a mentor allocated to provide support and guidance. We viewed a copy of the clinical skills assessment documents that new starters had to complete as well as the online training requirements. This showed a robust programme of assessment and training was available to all new starters. Staff told us that they were encouraged to assure themselves of their own understanding of and competence in the clinical skills requirements before having these signed off. We were told that the clinical skills assessments were also used as part of the yearly appraisal process.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. We saw that staffing within theatres was in accordance with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines. All theatre lists were pre-planned and therefore the number of staff required for each shift, on the ward and in theatres, could be pre-determined.

The service could adjust staffing levels daily according to the needs of patients with any gaps in shifts covered by staff taking on an additional shift or through the use of the HCA temporary staffing service. The staff to patient ratio requirement was calculated in line with a national safer staffing guidance and these were reviewed by the corporate team periodically. Actual staffing levels were reviewed at least once daily to ensure they were safe.

Where an overnight stay was booked the service ensured that there was adequate staffing to cover the ward and ensured that an escalation process was in place should that be required. When the ward was open overnight, there were two registered nurses, a healthcare assistant, a RMO and on site security on duty. There was a full on-call theatre team to support emergency return to theatre if it was appropriate to be conducted onsite. In addition, the patient's surgeon and anaesthetist was available 24hours a day, seven days per week for consultation and communication with the RMO. The regional pharmacist was also on-call.

The hospital reviewed staff absence and recruitment and retention information at a daily workforce planning meeting and monthly at the operational review meetings.

The service usually had low vacancy rates, however, recently they had three nurses leave employment around the same time which meant they had three full time equivalent nursing vacancies for the surgical ward. There were also seven whole time equivalent vacancies for theatre scrub nurses/practitioners. These had been advertised and interviews were planned or offers were pending. The hospital had a dedicated corporate bank of nurses who had been with the organisation for many years and additional shifts were offered to existing nursing staff in order to fill vacant shifts.

The service had low turnover rates over a twelve month period and generally recruited quickly to any vacant posts. Across the joint venture services, between December 2020 and November 2021, the average turnover rate was 3.3%, down from an average of 9% at our previous inspection.

Whilst the hospital did not employ any doctors directly, they had a robust process in place to accept and monitor the practising privileges of those doctors and allied health professionals applying to work, or who worked, within the hospital. There was a central provider compliance team in place to ensure all checks and monitoring processes were completed weekly in line with company requirements. The hospital told us that they had 244 consultants who held practising privileges across all specialities.

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

The ward had a physiotherapist on site who told us that his company was contracted by the hospital to provide an inpatient service. His organisation had sight of the operating lists in advance and could plan when physiotherapist attendance was required. He told us that they worked closely with all the staff and surgeons and had been provided with access to the hospital's mandatory training portal to ensure he was up to date with the required training.

At the time of our inspection, there were vacancies for a hospital pharmacist and pharmacy technician. These positions were being filled by agency staff who were completing their period of supervision.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used an electronic system, to record patient information securely. This could be accessed by all departments, allowing continuity of record keeping. There were processes in place to allow bank and agency staff to access both electronic and paper records as required.

On the ward a lever arch folder containing paper records was used to keep each patient's important written documents secure in one place while they were on the ward.

We viewed the paper records for two patients, which contained the patient's consent form, discharge information and any written theatre record. Previously paper records had been used to record patient observations, however, the new software, linked to the electronic system, was now being used to record patient observations, allowing all staff to view any patient's details at a glance. We saw two patient observation records, both of which had been completed appropriately.

Paper records were stored securely in a locked cabinet when not in use.

The service audited medical records monthly and information provided in a report from November 2021, showed staff were 100% compliant in the assessed standards.

Medicines

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

Staff followed best practice when prescribing, administering, recording and storing medicines. The hospital had a robust medicines management policy in place, which ensured that staff practices were in line with national guidance. We were told that where a patient had an allergy to a particular medicine this was flagged on their electronic record.

A controlled drugs check was completed twice a day, with a staff member nominated daily to be responsible for the checks.

Medicines were stored in locked cupboards away from the patient areas. Medicine fridge temperatures had been checked and logged accordingly.

In the patient rooms that we viewed there were locked medicine safes, accessed via a key code, where the patient's own medicines and their medicines to take home could be safely stored. Staff told us that where medicines were routinely used post-operatively these could be prescribed ahead of the procedure and stored securely until the patient was ready to leave, reducing the waiting time after the procedure.

Outstanding ☆

Surgery

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We were told that onsite pharmacy staff would 'counsel' patients with regards to the medicines prescribed either ahead of their surgery, if the prescription was already known, or post-surgery. The pharmacy team were aware that sometimes the patient was not always in the best position to take in information after surgery and sometimes could not be seen by pharmacy staff before surgery. The hospital was working to train nursing staff how to 'counsel' patients regarding their medicine, before surgery, when a pharmacist or technician was not available.

The pharmacy team provided written contact details on the bags which contained the patient's prescribed medicine. However, they found that in some cases patients would dispose of the bag after emptying it of the medicine. In order that they had contact details for emergencies and advice they were purchasing business cards which could be given to each patient on admission.

Staff mostly followed current national practice to check patients had the correct medicines, however, we saw that there had been 18 incidents relating to medicine in the 12 months prior to the inspection. This included incorrect medicine being prescribed or medicine being omitted in the take home medicines, penicillin based antibiotics being prescribed despite known allergy on record, opiate based medicine being prescribed despite known allergy being recorded and one incidence of tranexamic acid being prescribed for two days where the consultant had requested that only two doses be provided. These issues were investigated through the specific incident protocols and discussed with heads of departments at governance meetings. Actions had been taken to prevent recurrence of these errors and compliance was monitored and discussed at monthly governance and regional pharmacy meetings.

Pharmacy staff told us they had a system which allowed advanced preparation of discharge prescriptions, which was completed each Monday for the following week. It allowed for enhanced planning and management of patients before admission and helped to support a timely discharge.

To facilitate the process the team had produced a consultant preference database with details of each of their surgical procedure's discharge protocol. The RMO and pharmacy team used this information to prepare the discharge prescriptions at the start of the week.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The hospital had a medicine safety bulletin which was used to share information and remind staff of safe practices.

We were told that the hospital pharmacy team engaged with the regional HCA Joint Venture North Pharmacy Communication Cell, where key issues, concerns, successes, incidents and lessons learnt were shared on Monday, Wednesday and Friday each week.

There was a 2021-2022 Medicines Management Assessment and Strategy developed for the joint ventures division and an antimicrobial steward ship strategy. An antimicrobial awareness campaign was undertaken every year, coinciding with the world antibiotic awareness week.

Incidents

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

Surgery

The service had a genuinely open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the hospital was very proactive in encouraging staff to record incidents on the incident reporting system.

Staff raised concerns and reported incidents and near misses in line with the provider policy. Data provided by the hospital showed that across the ward and theatres there were 131 incidents recorded on the incident reporting system between November 2020 and October 2021. For each entry the actions taken, and lessons learned were recorded as appropriate.

Staff reported serious incidents clearly and in line with hospital policy. In the data provided by the hospital we saw they had had no never events and no serious harm injuries reported in the 18 months prior to our inspection. In quarter four 2020-21, we saw there had been no patient falls or pressure ulcers. There had been 18 medicine errors but no medicine errors with harm. Between 1 November 2020 and 31 October 2021 there had been one unplanned transfer out following complications of surgery, zero returns to theatre and no readmissions to surgery within 28 days.

Staff understood the duty of candour and provided information about a recent case where a patient had been informed of a minor incident, where removal of a cardiac monitor pad had caused minor irritation of the skin. The patient had been informed of the incident and the staff had explained that there would be an investigation into why this had occurred. The patient had told the staff that they did not feel it warranted investigation but staff had explained the hospital policy was to investigate even when no long term harm had occurred as this helped to improve care and learning.

At the time of the inspection there had been one formal duty of candour incident reported in line with the hospital's policy. The hospital was open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents with learning shared via bulletins and newsletters.

Staff met to discuss the feedback and look at improvements to patient care at weekly quality review meetings. At these meetings incident and complaint investigations and outcomes were discussed and recommendations put in place. There was evidence that changes had been made as a result of feedback.

Managers debriefed and supported staff after any serious incident. We saw evidence that emotional support had been provided to staff following a recent incident in theatre.

Safety thermometer (or equivalent)

The service collected reliable data to inform audits and used results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance and compared the findings with other HCA hospital sites.

The hospital's medical advisory committee (MAC) quality governance report, for quarter four 2020/21, showed the service had reported 31 patient incidents across the hospital within that reporting period. This was an improvement on the previous quarter. There had been no serious harm incidents, falls or pressure ulcers reported.

Staff used the safety data to further improve services with recommendations for improvements shared via shared learning bulletins.

Outstanding ☆

Surgery

Are Surgery effective?

Good

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Hospital policies reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with national guidance such as the National Institute of Clinical Excellence (NICE) and the Resuscitation Council.

The service had clear and robust standard operating procedures (SOPs), which along with the corporate policies, were available on the policy library. Staff knew how to access these policies.

In the Monthly Operating Report for September 2021, provided by the hospital, we saw that the hospital had 39 standard operating procedures/policies which were in date and 11 which were due to expire at the end of November 2021. There were none which were out of date for review. All SOPs and policies due for review within six months had been allocated to the relevant lead to ensure they were updated and corroborated before the expiry date.

The report showed that NICE guidance was reviewed monthly to determine whether it was relevant to any of the services provided and whether they were compliant with the guidance.

The hospital was awaiting assessment for Anaesthesia Clinical Services accreditation.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink and fully and accurately completed patients' fluid and nutrition charts where needed. We saw that patients were provided with a menu from which they could choose what they wished to eat and drink post procedure. Patients told us that the food had been of excellent quality.

We saw that menus had advice for patients to advise staff, as early as possible, if they had any specific dietary needs, including for religious or cultural needs. Advice regarding food allergies could be sought from the catering team where required. Dishes suitable for vegetarian and vegan diets were marked clearly on the menus.

Staff used the malnutrition universal screening tool to monitor patients at risk of malnutrition.

Patients waiting to have surgery were not left nil by mouth for long periods. We were told that patients were given an estimated time of their procedure and those on the afternoon list were not asked to attend until later in the day. Their nil by mouth period was calculated depending on whether they were on the morning or afternoon list for theatre.

Outstanding ☆

Surgery

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice.

Patients told us they had received adequate pain relief, however they had not had to request any additional medicine during the time of our inspection.

Staff prescribed, administered and recorded pain relief accurately. We were told that generally consultants had a preferred list of pain killers dependent on the procedure being carried out, so these are available prior to surgery reducing delays in provision of the same.

In data provided by the hospital we saw that the service was 100% compliant in the management of pain in October 2021.

A clinician discussed any pain medicine, that was to be taken at home, with the patient prior to discharge. The service also had a detailed information sheet which was given to patients when they were discharged.

The hospital had a robust pain management guideline which could be accessed via the policy library.

Patient outcomes

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

The service participated in relevant national clinical audits and outcomes for patients were positive, consistent and met expectations, such as national standards.

The hospital participated in a number of clinical audits, submitting data to the Breast Registry and National Joint Registry, Patient Reported Outcome Measures (PROMs) audits and Private Healthcare Information Network (PHIN) audits. A review of the PHIN data provided showed that the hospital scored above average in all areas, with most scores being amongst the highest, in comparison to other independent hospitals, for July 2020 to June 2021.

The service had a lower than expected risk of readmission for elective care than the England average. Data provided showed that there had been no unexpected readmissions for elective care patients over the previous 12 months.

The hospital carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic programme to submit local audit information which allowed specific standards to be monitored over and above the requirements of the HCA organisation. This included a standardised observational audit programme which was completed by the head of the department on a monthly basis.

Managers used information from the audits to improve care and treatment. Improvement was checked and monitored.

All audit information was reviewed at an audit accountability meeting where exceptions and actions for improvements was discussed. A monthly report was then shared with all department heads, the senior management team and the executive team and the report formed part of the monthly governance report which was available to all staff.

Action plans were developed to address any improvements required and these were reviewed regularly at quality meetings.

Outstanding ☆

Surgery

Competent staff

The service made sure staff were competent for their roles through structured pre-employment checks and ongoing reviews. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital undertook regular reviews of staff competencies through a programme of self-assessment and clinical skills appraisals. Mid-year appraisal data for 2021 showed that all hospital staff had successfully completed their mid-year performance review.

All staff working at the hospital under practicing privileges had to provide a copy of their annual appraisal and/or summary of their personal development plan. We saw, from information provided by the hospital, that not all clinicians were compliant in the provision of their latest appraisal information. The provision of annual appraisals, was in a context of the nationally agreed directive given in response to the first part of the global COVID-19 pandemic.

There was a robust process for validating and monitoring the credentials of any doctor or health professional with practising privileges working within the hospital, with a dedicated provider compliance team providing support.

Managers gave all new staff a full induction tailored to their role before they started work. There was a comprehensive induction pack for all staff, depending on their role. We spoke with one member of staff who was completing the induction process and they felt they had been well supported whilst undertaking this training so far. They felt they could approach any member of staff for advice if their mentor was not available.

Managers supported staff to develop through yearly, constructive appraisals of their work. The hospital had recently transitioned from a paper-based appraisal system to an online process. The system allowed staff to discuss their personal and role specific objectives for the year ahead and review performance against those objectives so far. The appraisal system focussed on the organisation's values and encouraged staff to demonstrate how they were meeting them.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw that information was shared on staff bulletin boards in the shared staff rest area and were told that key updates were shared via email, news bulletin etc.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. As well as the formal appraisal system staff told us that should any concerns be identified, relating to working practices, a meeting would be held with the staff member to discuss any learning needs.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they were encouraged to identify additional training where they felt this would enhance their existing knowledge.

Managers made sure staff received any specialist training for their role. We saw that staff were allocated learning modules dependent on their role, with specialist training provided where required, for example blood transfusion training for theatre staff.

Multidisciplinary working

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

Surgery

Staff held regular and effective multidisciplinary (MDT) meetings to discuss patients and improve their care. We saw from minutes of MDT meetings that patient consent had to be provided prior to discussion of their case at MDT. A panel of surgeons and other relevant staff attended the meetings, for example radiographers, microbiologists and physiotherapists and discussed the patient presentation and findings so far. The outcome of the discussion was documented in the minutes and updates sent to the patient following the meeting.

Staff told us that they could raise concerns or ask for advice from consultants at any time and worked well together to ensure that the patient was given the best care.

Staff worked across health care disciplines and with other agencies when required to care for patients. We were told that staff from other sites would attend when required, for example the breast care nurse would follow the patient through treatment and provide support on the day of surgery. A paediatric nurse was available when patients aged under 18 were being admitted and stayed with the patient throughout their journey.

Seven-day services

Key services were operated six days a week to support timely patient care with emergency cover by telephone available seven days a week.

Surgical services were undertaken Monday to Saturday, however if any patient needed to stay overnight on a Saturday then cover would be arranged. Patients were also provided with emergency contact numbers should they require urgent advice or treatment out of hours and on Sundays.

Health promotion

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

The hospital used lifestyle information as a way to identify co-morbidities which may impact on the safety of the procedure. All patients were assessed at the pre-operative stage to identify any lifestyle concerns and provided patients with relevant health promotion leaflets where required.

We saw examples of information leaflets relating to alcohol consumption, physical activity and smoking. Surgery specific information leaflets, for example breast surgery, also provided health promotion advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care and gained consent from patients for their care and treatment in line with legislation and guidance. All staff had undertaken mental capacity act training and understood what it meant to lack capacity. In general patients were assessed at the pre-operative stage to ascertain whether they had capacity to consent to treatment. If they did not, then an alternative consenting process was used. Staff described examples of where patients had lacked consent and the process that was undertaken to determine whether it was in the patient's best interest for the procedure to go ahead. We saw two completed mental capacity assessments which had been appropriately completed and involvement of the person's next of kin or power of attorney was noted. A best interest's decision was documented as to whether the surgery should proceed.

Outstanding ☆

Surgery

Staff made sure patients consented to treatment based on all the information available. Once the patient was on the ward the nurse in charge of their care would review the information, that had been provided pre-admission, with the patient and check their understanding of what procedure they were having and that they still consented to the treatment. Any additional questions that the patient had were addressed prior to surgery.

Staff clearly recorded consent in the patients' records. We reviewed two patient records and both had been consented appropriately. Data provided by the hospital showed that the service was 100% compliant with obtaining and documenting consent in October 2021. The hospital had an alternative consent form (Consent form 4) which was used when a patient was deemed to lack capacity for treatment. We saw two examples of this form, which were signed by the consultant and the patient's representative, as part of the best interests decision process.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Staff gave examples of when mental capacity assessments were relevant and had knowledge of DoLS processes, however, they had no knowledge of any patient being admitted who had required a DoLS.

Managers monitored how well the service followed the Mental Capacity Act using the electronic reporting system and made changes to practice when necessary.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

All patient's records were held in electronic format on the hospital's electronic system, with paper records being scanned into the system as and when required. The new system gave a live view of patients observations which all staff could view via their hand held devices or via a laptop or desktop computer.

Are Surgery caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, truly respected their privacy and dignity, and valued each person as an individual. Staff took time to listen to patients and patients felt that staff provided excellent care and support.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. We saw staff treating patients with respect and dignity. We witnessed staff knocking on doors before entering a room and introducing themselves to patients when they had not already met them.

Staff told us that every patient received a call the day before their procedure to check their attendance and provide any required information or assurances. On the day of the procedure the patient journey started from when they were met in reception and all patients were escorted to the ward by a member of the ward staff, allowing them a chance to get to know the patient before they arrived on the ward.

All patients were allocated a named nurse who would introduce themselves when the patient arrived on the ward. We were told that the nurse in charge on that day would introduce themselves to every patient and explain their role.

The patients we spoke with said staff treated them extremely well and were very caring and helpful. They told us that the information provided by the consultants had given them assurances regarding the surgery and they felt able to ask further questions should they need to. We heard a patient praising the care and support their named nurse had given them when speaking with another member of staff.

Data provided by the hospital showed that, over the six months from April 2021 to September 2021, the hospital had consistently received positive feedback from patients. We saw that an average of 99.3% of patients admitted rated their nursing care as 'good' or better, with 93% rating their overall nursing care as 'excellent'. Of the patients surveyed, 98% felt they had been treated with dignity and respect, and 98.1% felt they had been involved in decision making processes as much as they had wanted.

Staff followed policy to keep patient care and treatment confidential. We noted that doors were kept closed when patients were being attended to and that all patient records were stored securely.

Staff understood and respected the individual needs of each patient and showed an understanding and non-judgmental attitude towards caring for patients with mental health needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They recognised and respected patients' personal, cultural and religious needs. There was a strong person centred culture and staff were highly motivated to provide excellent levels of care that was kind and promoted people's dignity.

Staff gave patients and those close to them help, emotional support and advice when they needed it. A staff member explained how they would gauge how anxious a patient was during their walk from reception to the ward and if needed would provide additional reassurance or information.

Examples of patient feedback provided to the service included statements such as 'Extremely welcoming and settling, all members of staff came and introduced themselves having a small chat just to help you relax' and 'Everyone was so nice and helpful which really helped me as I was nervous for my surgery'.

Staff told us that social, psychological or religious needs were assessed at pre-operative clinics and noted on patients records so that any adjustments could be made ahead of admission. There was a strong focus on patient centred care with a holistic assessment of patient needs.

All staff had access to interpreter services for patient's whose first language was not English.

We were given an example of when an alternative patch was sourced for an ear nose and throat procedure. The usual patch was of bovine origin which could not be used due to the religious needs of a Hindu patient.

Theatre scheduling teams took care to ensure that patients' prayer times were not affected by their time of admission.

Arrangements were made for patients living with learning disabilities or dementia to have a familiar face with them on the ward, for example a relative or carer, providing they had a negative COVID-19 swab. This helped reduce anxiety for the patient.

Outstanding ☆

Surgery

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We were given an example of when a patient was found to be confused upon admission, resulting in various assessments and discussions being required to determine whether to proceed. Staff recognised that the relative was becoming distressed with the situation and took time to reassure them and reduce their anxiety.

Understanding and involvement of patients and those close to them

Staff empowered patients, families and carers giving them emotional and practical support to understand their condition and make decisions about and become partners in their care and treatment. Staff understood how emotional and social needs could impact on physical needs. Feedback from service users and staff was consistently positive.

Staff made sure patients and those close to them understood their care and treatment. Patient leaflets were available to provide information about their treatment, what to expect whilst in hospital and on discharge. These were available in a variety of different languages.

Due to COVID-19 restrictions, meaning that patients attended hospital alone, the hospital had put a process in place so that when patients were discharged any important information about their procedure and after care was relayed to their relative or carer, with the patient's consent, so that it reinforced the information given to the patient.

Patients had a named nurse who supported them through the surgical pathway, meeting them on arrival and accompanying them to their transport home. Prior to surgery they would discuss the patient's understanding of why they were in hospital and what they were having done. The nurse would check that their consent was still valid.

Staff discussed the patient's treatment in a way that they could understand and provided contact details so that patients could obtain further information following discharge. We were told that all patients received a follow up call within 48 hrs of discharge, offering advice and support where required. Data from the patient satisfaction surveys from April 2021 to September 2021 showed that 97% of patients felt they had been provided with information from their surgeon in a way that they could understand. This was above the hospital target of 94%.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw patient feedback cards in the patient bedrooms and staff told us they tried to get patients to complete the patient feedback survey via a portal on a tablet prior to discharge. They understood that some patients did not want to complete it at that point, especially if they were not feeling well enough, and so they were contacted by email following their discharge with details of the patient feedback portal.

Staff gave emotional and practical help to patients to empower them to make informed decisions about their care and encouraged family to help with decision making when required.

Patients gave positive feedback about the service. In patient satisfaction data provided by the hospital, for the period April 2021 to September 2021, we saw that an average of 99% of patients who responded said that their experience of the service was very good or good, 97% said they were extremely likely or likely to recommend the hospital and 99.5% extremely likely or likely to recommend their surgeon to others.

Are Surgery responsive?

Outstanding ☆

Surgery

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care and develop patient-centred care pathways.

Facilities and premises were appropriate for the services being delivered. The ward consisted of eight individual bedrooms, known as 'pods', five of which had en-suite facilities. There were two laminar flow theatres and a two bedded recovery area. There was a lift available for patients unable to climb stairs.

The service had systems to help care for patients in need of additional support or specialist intervention. The hospital worked closely with local hospitals and sister HCA sites and were able to refer patients to alternative services for specialist care and support.

As part of a wider network of hospitals the service had access to a range of specialist services locally and nationally.

The hospital had built good working relationships with NHS England during the peak of the COVID-19 pandemic and had arranged to see and treat patients awaiting surgery on the NHS waiting list, to help reduce waiting times and relieve pressures on the NHS.

Managers monitored and took action to minimise missed appointments by contacting patients the day before their admission date to verify their attendance. If a patient did not attend on their expected admission date, or by the time they were expected, they were contacted by phone to check on their welfare and whether the appointment was still required.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There were no patients on the ward with additional needs at the time of our visit, but staff were aware of possible adjustments that may be required to assist patients.

The service had information leaflets available in various languages to meet the language needs of patients in the local community and overseas service users. The service made sure staff, patients, and those close to them could get help from interpreters when needed.

Patients with dementia, learning disabilities or additional support needs were permitted to have a named person with them on the ward. This meant that their needs could be better understood and any reasonable adjustments to their room, diet or other care needs made.

Patients were given a choice of food and drink to meet their cultural and religious preferences. All menus viewed advised patients to speak with a member of the catering staff if they had any special dietary requirements. However, we were advised that dietary requirements would be assessed prior to admission so that these could be catered for without delay.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers worked to keep the number of cancelled operations to a minimum. Over a 12-month period prior to the inspection, there had been 28 surgical procedures cancelled due to non-clinical reasons. This equated to approximately 0.6% of the total day case/theatre patients seen over that period. Nineteen of these cancellations were due to patient's personal circumstances or insurance/funding.

When patients had their admissions cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible. All patients were rebooked well within the recommended 28 day timeframe.

Managers and staff worked to make sure that they started discharge planning as early as possible. Staff told us that any specific discharge arrangements would usually be discussed at the pre-operative assessment, for example if a patient was travelling a long distance they would try and make sure they were discharged earlier in the day. Patients would be given an estimated time of discharge on the day of their admission so that they could keep people updated with regards to picking them up. Staff reminded patients that this was estimated and may be delayed should there be any change in theatre timings etc.

We were told that often additional information would be obtained whilst speaking with the patient ahead of their surgery. Staff would use general conversation to gather information that may affect discharge planning, for example, where patients had come alone and had no-one at home to collect them.

Learning from complaints and concerns

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

The hospital had a robust corporate complaints policy which adhered to the independent Sector Complaints Adjudication Service code of complaints. The surgical service received four formal complaints between January 2021 and September 2021 and all were acknowledged and responded to within the expected timeframes. There were no themes to the complaints, which related to issues around delays in obtaining a COVID-19 test, a delay in surgery, insufficient pain management and a communication issue. An example of actions taken following investigation of a complaint was the introduction of a planned procedure time for patients. The patient was given an estimated time of discharge, giving them an estimate of when their procedure was likely to take place and allowing them to make plans for their discharge. It also allowed the hospital to manage expectations regarding the time the patient may be waiting while on the ward.

Outstanding ☆

Surgery

Complaints management followed a three-stage process whereby they could be resolved locally if possible or referred for external adjudication if required. There was comprehensive oversight of complaints which were reviewed at monthly governance meetings and escalated to the monthly operational review meeting via exception reports. Complaints were shared with the group chief executive officer via a quarterly quality and safety board, the quarterly medical advisory committee (MAC) and quarterly clinical operating report review meeting.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was used to make improvements and was shared with staff via various methods such as team huddles, governance message of the week bulletin and learning from experience reports. The hospital had a comprehensive process for connecting with patients to gain assurance that patients had a positive experience and felt the connection between them and their clinical team was genuine. They used nurse leader and executive leader 'rounding' processes to speak informally with patients about key aspects of their experience. For example, in July 2021 the nurse leader rounding focussed on management of pain and whether the patient had been given an estimated time of discharge.

Staff understood the policy on complaints and knew how to handle them. They told us how they would escalate concerns raised by patients or relatives.

Managers investigated complaints and identified themes. Themes identified in complaints were used as key questions in nurse leader rounding and executive rounding processes, helping to identify key learning.

Staff could give examples of how they used patient feedback to improve daily practice. Staff told us they had introduced the process of calling patients the day before their surgery to check their attendance and give any updates following feedback about lack of communication. They had introduced an 'anticipated discharge time' as part of the admission information in response to feedback from patients.

Are Surgery well-led?

Outstanding ☆

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

Leadership

Leaders at all levels had high levels of experience, capacity and capability needed to deliver high quality, sustainable and person centred care. They understood and managed the priorities and issues the service faced well. They were highly visible and approachable in the service for patients and staff. They consistently supported staff to develop their skills and take on more senior roles.

We observed that the senior management team had a clear structure. Each person within the structure had clearly defined roles and responsibilities. This was supported by a robust recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the organisation.

We reviewed evidence which clearly showed that senior leaders sought feedback from service users and staff to drive improvement in systems, processes and patient centred outcomes.

Outstanding ☆

Surgery

The leadership team demonstrated a clear awareness of local and national priorities and responded accordingly. An example of this was the response to the COVID-19 pandemic and the way the hospital adapted to keep people safe and support other local health services.

Senior managers told us that HCA offered a structured development program for leaders within the organisation. This programme, was created in conjunction with a leading American university and maintained a focus on driving and supporting change.

Staff told us that managers and senior leaders were all visible on the ward and across the hospital and they felt confident that they could approach them at any time.

Vision and Strategy

The service had a vision which was challenging whilst remaining achievable. They had a strategy to turn it into action, which had been developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

We reviewed the hospital's three-year vision and strategy documents, for the period 2020 to 2023. The strategy included plans for improvements in key areas such as service development, recruitment, patient access, service quality and operational excellence. This plan was reviewed and monitored regularly and had been updated as part of monitoring processes.

The service had a planned next phase of development which included; the development of a rapid access clinics, the provision of a seven-day service and a dedicated endoscopy unit. Services were being developed in response to the identified needs of the local population and in order to help reduce pressures on the existing health economy.

Senior managers and staff told us about plans for the service in a clear and coherent manner.

Culture

Leaders were passionate and demonstrated the ability to motivate staff and drive success. Staff felt truly respected, supported and valued. The service was highly focused on the needs of patients receiving care. The service had a strong commitment to promotion of equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Senior leaders and staff told us about the 'vital voices' survey, which was completed every three months to gather feedback about the culture and leadership of the service. Feedback was anonymous to encourage staff participation. On a weekly basis there were staff engagement sessions to discuss any changes made as a result of staff feedback. Examples of improvements made included updated and relocation of CCTV to improve staff and patient safety, procurement of a software solution for the reporting and sharing of endoscopy results and the increase in availability of car parking on site for patients and staff.

We observed staff displaying a high degree of pride in their work and were clearly motivated to provide an outstanding service.

The hospital had a 'speak out safely' champion who was independent of the management structure. This meant that any staff who felt unable to raise concerns at management level, or about management, could raise issues more openly. The staff we spoke with, however, felt that they could openly discuss concerns with hospital management.

We reviewed a corporate duty of candour policy which was clear and robust. The policy provided specific guidance for all staff to follow with a focus on being highly open and transparent. Staff told us how they would submit relevant notifications or incidents of concern to the appropriate bodies.

Senior leaders told us about the formal process of employee rounding where senior leaders regularly spoke with employees, to assess any specific level of need and identified action to be taken to support this. Examples of actions taken as a result of employee rounding were COVID-19 remembrance and tribute events, use of electronic devices to allow children of employees to virtually view their parents at work, reducing their anxiety.

Staff told us about a diversity and inclusion champion who had specific training, to support staff. Senior managers told us that an independent company had been commissioned to evaluate inclusion and diversity within the organisation to evaluate current systems and ensure compliance with best practice. The results of this project were not available at the time of the inspection.

In addition, HCA Healthcare UK had input from a nationally recognised equality group with the aim of achieving diversity champion status. We were told about 'listening circles', held by the external organisation, which were used as an arena for staff to provide their views, ideas and experiences in order to ensure that the hospital was a place where everyone could be themselves. Staff told us they felt they were listened to and supported and that their individual circumstances were considered, for example, adjustments were made to rotas to help with work life balance for staff with children or who travelled long distances.

We saw details of the hospital's exceptional people in care (EPIC) award which celebrated and rewarded staff achievements as well as recognising long service.

Governance

Leaders operated effective governance processes that were proactively reviewed to ensure that they reflected best practice. They worked closely with other organisations to improve care outcomes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

We observed a highly established and effective governance structure, which encouraged the flow of information, feedback and accountability both ways. We reviewed staff training documents that clearly demonstrated individual and group roles, within the governance and quality assurance frameworks.

We reviewed minutes of team meetings which included a specific section about governance and quality assurance frameworks. A key focus of meetings was the drive for patient care and safety.

Performance issues were monitored through a nationally recognised electronic system, which clearly demonstrated poor performance was addressed appropriately and led to improvements in safety and quality.

The hospital had service level agreements in place with providers of outsourced services, such as pathology services. Performance of these services was monitored through quality governance processes and key performance indicators reported in monthly governance reports. We saw that actions had been taken to improve performance in the reporting of

breast pathology reports within two working days by introducing a process whereby the provider was notified of the sample ahead of receipt in order that it could be fast tracked. In addition, the pathology service was to provide an interim report with a reflex report provided later. This improved patient experience by providing a fast turnaround in receipt of their pathology results.

We reviewed minutes from the monthly governance meetings which showed a clear process for assessing and updating risk registers, monitoring performance, compliance with mandatory training and environmental and clinical audits. They also reviewed updated clinical guidance and regulations, safety alerts, reported incidents, action plans and complaints received by the hospital and the lessons learned from these.

We reviewed documentation which showed the service had a robust process in place to ensure staff with practicing privileges had the relevant credentials, skills and competencies. The assurances also included a process for verifying that an adequate level of indemnity insurance was in place. We saw from the documentation provided that all relevant checks had been carried out and were regularly monitored.

We reviewed employment records for three members of the executive leadership team which demonstrated alignment with the Health and Social Care Act's fit and proper persons requirements.

We examined the terms of reference for the medical advisory committee which clearly outlined their roles and responsibilities. Their purpose was to represent the professional needs and views of medical practitioners and to advise senior leadership on medical policy and standards and to review the clinical performance of staff who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the Hospital's senior management team.

Management of risk, issues and performance

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

Senior leaders were able to clearly identify the prevalent risks to the service and had an action plan in place to mitigate these.

The service had a risk register which provided detailed information about the risk, why it was a risk and an assessment of how the risk could be eliminated, with an action plan developed to do so. The source of the risk register entry was also recorded. Several of the identified risks were detailed as being from either proactive risk assessment or staff raising concerns.

We observed an example on the risk register where staff had reported the need for more advanced imaging equipment to improve image quality. The benefit of this was to the improvement in detection of cancers the purchase of this equipment was approved and implemented.

Senior staff told us about the business continuity plan, which covered a wide range of risk and eventualities. This included business continuity planning exercises which were held across the facility for any breakdown/failure of equipment. The service had a designated business continuity lead and the induction for new staff included reference to the business continuity plan so that they were aware of their roles.

A 'gold command process' would be triggered, in the event of a business continuity incident which would include a designated executive leader on call along with a duty manager lead.

The hospital had monthly operating review (MOR) meetings. where all updates relating to risk, governance, performance and finance were reviewed. The standing agenda also included each head of department reporting any governance exceptions and sharing any 'reasons to be proud'.

We reviewed the hospital's comprehensive audit programmes and corresponding actions plans. This demonstrated a clear follow through on any audit exceptions which included discussions within team meetings and actions required to make the required improvements.

Information Management

The service had a variety of up to date systems to allow the accurate collation and analysis of data. Staff could consistently find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Systems for storing and sharing information were compliant with the Caldicott principles which meant sensitive, or personal information was stored securely. Authorised staff could access information in accordance with their roles and responsibilities. Staff we spoke with told us they had all the information needed to provide safe care and treatment.

Data was collected and used by the department to monitor and drive improvement. It was shared internally through secure systems. It was only shared externally as required by legislation. For example, when providing statutory notifications to the CQC. Personal data was redacted or coded to ensure confidentiality was maintained.

The service submitted data to relevant external audits to allow benchmarking of performance against national standards and other private and NHS hospitals. We saw data from the hospital which compared their performance, in five key areas, against other private healthcare organisations. This identified that the hospital performed consistently well in all areas.

We saw that the hospital had a variety of methods of information sharing amongst staff, such as emails, team meetings, briefings and newsletters. During the inspection we saw copies of newsletters displayed on staff notice boards.

Staff told us there were reliable processes in place to allow bank and agency staff to easily access all relevant information required to carry out their duties and review the hospital's policies and procedures.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. The patient records we reviewed were of an excellent standard.

The introduction of a new handheld device and software system meant that staff had a live view of information relating to patient risk. The system also meant that auditing of the compliance with recording of this patient data could be more easily and reliably completed.

Engagement

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

Surgery

Senior leaders told us about ways in which they constructively engaged with staff members to improve the service.

Managers and staff recognised the value of engagement in support of safety and quality improvements. They also recognised engagement as a key component of their vision and strategy. Patients and other key stakeholders from the local community were actively encouraged to engage with the service and the wider organisation to provide feedback. There was clear evidence of these views being acted on to improve the service. For example, through the 'We listen, we learn, we improve' process and subsequent reports, which detailed organisational response to suggestions or concerns raised. We saw that the hospital also reported on actions taken as a result of staff engagement with 'you said, we did' bulletins. An example of this was the addition of an additional fridge in the staff room to provide additional storage for their food and drinks.

The hospital took part in community events to actively engage with those who used the service. However, the restrictions imposed in response to COVID-19 had limited such opportunities since the last inspection.

Staff were kept informed about engagement opportunities and provided with feedback through regular bulletins, newsletters and emails. Restrictions on meeting face to face meant that some corporate events and meetings had been placed on-hold.

Patient feedback was actively sought through various methods, with a focus on improving patient outcomes and experience. Staff told us about how they were able to implement a change to COVID-19 testing prior to surgery, based on patient feedback, to reduce cancellations and delays.

We were told by senior leaders about local collaboration. For example, staff were redeployed to another hospital setting to provide support during the COVID-19 pandemic. Senior leaders also told us that they had strong links with a large local NHS trust which strengthened learning and experience.

Learning, continuous improvement and innovation

The hospital had a fully embedded and systematic approach to improvement. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders actively encouraged safe innovation within the organisation.

We observed staff demonstrate a commitment to the process of continuous improvement in relation to both patient and staff welfare. Systems, processes and organisational values provided an effective foundation for the review of practice. The hospital used established methodologies to deliver quality improvement and innovation. The service had a comprehensive learning lessons framework aimed at developing and maintaining a positive culture in learning from incidents.

We saw that patient feedback was consistently used to improve the quality of care provided. For example, we saw in the hospital's 'We Listen, We Learn, We Improve' bulletin that patient feedback had led to changes such as rapid COVID-19 testing, more robust post-operative communication with patients and their family/carers and the addition of alternative food and drinks to meet dietary requirements.

Staff told us about examples of innovative practice.

In order to prevent delays in the treatment of breast cancers a 'one stop breast clinic' had been introduced where patients were reviewed in clinic and, where possible, had their diagnostic test on the same day. This prevented delays in treatment and helped reduce anxiety amongst patients who would otherwise had to have waited for surgery.

Outstanding ☆

Surgery

We heard that the hospital was one of the first hospitals in the North West to perform day case shoulder replacement surgery. In addition, it used specialist equipment which was able to locate an area of cancer more accurately, during surgery.

We were told of a new direct to test service where patients could have a diagnostic test performed and results returned to their GP the same day, reducing fears relating to potential delays in diagnosis.

Leaders and staff continued to participate in recognised accreditation schemes and projects to improve practice and the patient experience. The service took part in a HCA UK corporately recognised accreditation scheme, which measured the service against being; safe, effective, caring, responsive and well led. Senior leaders told us that the scheme was a mechanism to measure and recognise the standard of care provided, ensuring that it was in line with current Health and Social Care regulations and local standards. We were told it was a way of motivating staff and sharing best practice across the hospital. The aim of the scheme was to achieve better health outcomes, improve patient experience and ensure that the hospital was a good place to work, train and learn.

We heard from staff that the scheme encouraged them to go above and beyond in order to always achieve the highest level of accreditation.

Staff at all levels were supported and encouraged to access learning and development opportunities for their personal and professional development as well as that of the wider organisation.

We were told that consultants who worked within the hospital would regularly hold lunchtime learning sessions for staff.

We saw examples of a 'leadership ladder' which outlined development programmes and opportunities for staff at all grades. We were given an example of the introduction of a trainee MRI radiographer role which allowed career progression pathway for a member of the hospital staff.

We were provided with information relating to an information hub in use at the hospital. This hub, called 'Empowering You' contained information and support to help leaders look after their own wellbeing, increase their knowledge and inspire, educate and effectively lead their teams.

The staff we spoke with were open and honest about the impact of the pandemic on change processes, but highlighted the pace at which they responded, and continued to respond to the pandemic as an example of their flexibility and commitment to patient care.

There was strong evidence of the service's dedication to innovation and continuous improvement, however it was recognised that the limitations of the COVID-19 pandemic had an impact on the ability to progress with this aspect of provider's strategy.