Harley Street at Queen's

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Harley Street at Queen's (HSQ) is a partnership between HCA Healthcare UK and Barking, Havering and Redbridge University Hospitals NHS Trust (the host trust). The service opened in 2010 and is based at Queen's Hospital, Romford. The service benefits from a variety of service level agreements with the host trust for core services; including access to pharmacy services, imaging, surgery theatres, clinical nurse specialists, and critical care.

The service consisted of 14 inpatient beds (for medical and surgery patients), 6 chemotherapy treatment chairs, 2 consulting rooms in the outpatient department, a dedicated pharmacy service, a dedicated complimentary therapy room, and a radiotherapy suite. The service provided Medical Care, Surgery, and Outpatients appointments. Services are primarily delivered to people living in North East London; however the service will accept referrals from outside the area. It did not provide treatment to and care to children, nor did it provide treatment for 16 – 18 year old young adults.

We carried out a comprehensive announced inspection of Harley Street at Queens on 7 and 8 December 2016 as part of our second wave of independent healthcare inspections.

We inspected the following two core services:

- Medicine
- Surgery

We did not inspect aspects of the service delivered by the host trust through service level agreements.

Our key findings were as follows:

Are services safe?

- There were robust systems in place for reporting, investigating, and sharing learning from incidents.
- The service had established systems in place for infection prevention and control, and the environment was clean and well maintained.
- There were systems in place to ensure the safe supply and administration of medicines. The service had effective security measures in places for managing medicines, and there was checking procedures that ensured the accuracy of prescriptions.
- We reviewed sets of patient notes and found records to be comprehensively completed, legible, and clear. The service regularly audited patient records to evaluate the quality of completed notes.
- There were local standard operating procedures in place to keep vulnerable children and adults safe from harm and abuse.
- The service was staffed appropriately to meet the needs of patients, and could arrange for regular bank staff to fill shifts when needed.
- We saw evidence in patient records that where risks had been identified in risk assessments the service put plans in place to minimise the impact on patient care.

Are services effective?

- Staff provided care and treatment in line with national best practice guidance of recognised organisations, including the National Institute for Health and Care Excellence (NICE).
- The service used a local audit plan to monitor and measure clinical standards and outcomes.
- The ward had achieved UK Oncology Network accreditation through evidence of care and treatment benchmarked against national best practice guidance.
- An acute pain team including pain consultants was available on-call at all times to the service, and patients we spoke with stated any discomfort they had was well managed.

Summary of findings

- The service had a dedicated chef who worked with the dietitian to design individualised menus for patients. We saw assessments of patients nutritional needs completed in case notes.
- The service audited patient outcomes and used a trend analysis as part of the internal governance process to review performance.
- All staff received an annual appraisal from a senior member of their team.
- Nurses and healthcare assistants were cross-trained to care for both surgery and medical patients and undertook a range of specialist training in addition to the standard mandatory package.
- Staff documented consent to care and treatment at the pre-assessment and pre-operative stages and we saw this was documented and signed. Staff also undertook Mental Capacity Act training as part of their safeguarding training.

Are services caring?

- Patients we spoke with stated they were happy with the treatment they received at the service. Patients told us they felt treated with dignity and respect, and felt that staff were supportive and friendly.
- Feedback collected by the service from patients following treatment was positive.
- Staff had involved patients in deciding their own treatment plans. Patients we spoke with said they felt involved in the treatment process and planning.
- Staff demonstrated dedication to empowering patients, their families and carers.
- A counsellor was available on the ward on a weekly basis and provided support to patients, relatives and staff.
- A multi-faith chaplaincy service was available 24-hours, seven days a week.

Are services responsive?

- The service had a number of service level agreements with the host trust that improved their access to specialist healthcare staff and equipment. This included access to the trust tissue viability team, safeguarding, critical care staff, infection prevention and control, dementia nurses and learning disabilities leads.
- An admissions policy was in place that meant patients were only accepted if the service was confident their needs could be met.
- Staff maintained an awareness of the diverse needs of patients and used this understanding to provide a range of printed information from national specialist organisations.
- The service had a follow-up policy and would call each patient 72 hours after discharge to find out how they were feeling and answer any questions they might have.
- The service demonstrated learning from complaints and provided examples where changes to practice were implemented as a result of patient feedback.
- Information was available in other languages than English, and the service had access to interpreters if needed for patients.

Are services well-led?

- There was evidence the clinical governance structure was fit for purpose and resulted in positive change. The service had oversight of their main risks and were addressing them accordingly.
- The service had a strategy in place for the future and this included expansion of delivery of care as well as further collaborative working with the host trust. Staff stated they were well informed as to the future goals of the service and felt they could contribute ideas.
- Staff we spoke with stated that the culture at the service was very positive and they enjoyed working there.
- Staff we spoke with stated that management were accessible and supportive.
- The matron and ward manager led a monthly meeting that included all staff to discuss governance and audit issues, incidents and complaints.
- Resident Medical Officers were actively involved in research, including in research fellowships and the provider encouraged their professional development where possible.

Summary of findings

- The service had invested in the professional development of their staff, and looked to develop their team by offering opportunities for internal promotion.
- The staff at the service worked collaboratively with the host trust, and stated they had a good relationship with the host hospital's staff.

However:

- The Medical Advisory Committee did not have current representation in their attendees for general medical specialities.
- Feedback collected from patients was not separated into the different types of treatment modalities.

The provider should:

- The provider should ensure there is representation on the Medical Advisory Committee for other general medical specialities.
- The provider should consider ways to ensure that patients are effectively informed of the counselling and other therapies services that are available.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care	Good	There were systems in place for reporting, investigating, and sharing learning from incidents. The service had arrangements in place for infection prevention and control, and the service environment was clean, spacious and well maintained. The service was staffed appropriately to meet the needs of patients, and could arrange for regular nursing bank staff to fill shifts when needed. Staff provided care and treatment in line with national best practice guidance of recognised organisations, including the National Institute for Health and Care Excellence (NICE). We saw good examples of multidisciplinary working across medical services. Patients we spoke with stated they were happy with the treatment they received at the service. Feedback collected by the service from patients following treatment was also positive. The service had a number of service level agreements with the host trust that improved patient access to specialist healthcare staff and equipment. This included access to the trust tissue viability team, safeguarding, critical care staff, infection prevention and control, dementia nurses and learning disabilities leads. There was evidence the clinical governance structure was fit for purpose and resulted in positive change. The service had oversight of their main risks to the service and were addressing them accordingly. Staff we spoke with stated that the culture at the service was very positive and that management were accessible and supportive. The staff at the service worked collaboratively with the host trust, and stated they had a good relationship with the host hospital's staff. However: The Medical Advisory Committee did not have current representation in their attendees for general medical specialities. Feedback collected from patients was not separated into the different types of treatment modalities.

Summary of findings

Surgery

Good

We looked at the service's arrangements for reporting, investigating, and sharing learning from incidents and found robust systems to be in place.
The service had the appropriate mix of nursing and medical staff to meet the needs of patients, and could arrange for nursing bank staff to fill shifts when needed.
We saw evidence in patient records that where risks had been identified in risk assessments the service put plans in place to minimise the impact on patient care.
Staff provided care and treatment according in line with national best practice guidance of recognised organisations, including the National Institute for Health and Care Excellence (NICE).
The service used a local audit plan to monitor and measure clinical standards and outcomes. The service audited patient outcomes and used a trend analysis as part of the internal governance process to review performance.
There was a positive relationship between different healthcare disciplines in the service, which contributed to delivering more comprehensive care.
Patients told us they felt treated with dignity and respect. and felt that staff were supportive and friendly. Feedback collected by the service from patients was also positive.
The service had a number of service level agreements with the host trust that improved their access to specialist healthcare staff and equipment. This included access to the trust tissue viability team, safeguarding, critical care staff, infection prevention and control, dementia nurses and learning disabilities leads.
The service had a strategy in place for the future and this included expansion of delivery of care as well as further collaborative working with the host trust.
Staff we spoke with stated that they enjoyed working at the service and morale was good. Staff also stated that management were supportive and accessible.

Summary of findings

Contents

Good

Harley Street at Queens

Services we looked at

Medical care and Surgery - including outpatients and diagnostic imaging.

Summary of this inspection

Background to Harley Street at Queen's

Harley Street at Queen's (HSQ) is a partnership between HCA Healthcare UK and Barking, Havering and Redbridge University Hospitals NHS Trust (the host trust). The service opened in 2010 and is based at Queen's Hospital, Romford. The service benefits from a variety of service level agreements with the host trust for core services; including access to pharmacy services, imaging, surgery theatres, clinical nurse specialists, and critical care.

The service consisted of 14 inpatient beds (for medical and surgery patients), 6 chemotherapy treatment chairs, 2 consulting rooms in the outpatient department, a dedicated pharmacy service, a dedicated complimentary therapy room, and a radiotherapy suite. The service provided Medical Care, Surgery, and Outpatients appointments. Services are primarily delivered to people living in North East London; however the service will accept referrals from outside the area. The model of care focuses on treating adults who are generally healthy and who do not have significant co-morbidities. It did not provide treatment to and care to children, nor did it provide treatment for 16 – 18 year old young adults.

Medical services include oncology, older people's care, and some medical specialities such as gastroenterology . They include services that involve assessment, diagnosis and treatment of adults by means of medical interventions. Surgery pre-assessments and post-operative care was delivered within the service, with surgery delivered in the Queen's Hospitals theatres. Outpatients appointments was comprised of pre-assessment appointments for medical and surgical care, and follow-up appointments after discharge from the ward.

Our inspection team

Our inspection team was lead by:

Inspection Manager - Max Geraghty, CQC

The team included CQC inspectors, supported by specialist advisors including specialist surgery, medicine, and outpatient nurses.

Why we carried out this inspection

This inspection was part of our scheduled comprehensive inspection programme for independent health hospitals.

How we carried out this inspection

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

- **Is it safe?**
- **Is it effective?**
- **Is it caring?**
- **Is it responsive to peoples' needs?**
- **Is it well led?**

Before visiting we reviewed a range of information we held about the hospital and spoke to the local clinical commissioning group. Patients were invited to contact CQC with their feedback.

We visited the service to undertake an announced inspection on 7 and 8 December 2016.

As part of the inspection process we spoke with members of the senior leadership team and individual staff of all grades. We met with staff working within the medical, surgical, and outpatient areas.

Summary of this inspection

We spoke with inpatients, and people attending the outpatient's clinics. We looked at comments made by patients who used the services of Harley Street at Queens when completing the hospital satisfaction survey and reviewed complaints that had been raised with the service.

We inspected all areas of the service over a two day period, looking at medicine, outpatients, and surgical care. We did not inspect the diagnostics service, critical care provision, theatres or any other aspect of the service delivered through service level agreements by the host trust.

We spent time observing care on the ward and in the outpatients department. We reviewed policies, procedures, training and monitoring records, as well as patient's records where necessary.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experience of the quality of the care they received at Harley Street at Queens.

Information about Harley Street at Queen's

Activity (July 2015 to June 2016)

- Inpatient activity/overnight inpatients – 404
- Day case attendances – 1034
- Visits to theatre – 295
- Outpatients activity
  - Oncology - 81.0%
  - Haematology - 6.22%
  - General Medicine - 4.1%
  - General Surgery - 3.04%
  - Gastroenterology - .75%
  - Gynaecology - 1.3%
  - Orthopaedics - 0.77%
  - Colorectal - 0.68%
  - Neurosurgery -0.61%
  - Neurology - 0.53%

Safe

- Never events reported in this period – 0
- Serious injuries – 0
- Clinical incidents – 79
- Non-clinical incidents – 23
- Incidents of hospital acquired venous thromboembolism (VTE) – 0
- Infection control: No reported incidents of Clostridium difficile (C.diff) or Meticillin resistant staphylococcus (MRSA)

Effective

- Incidents of unexpected mortality during the reporting period– NIL
- Number of unplanned returns to theatre during the reporting period- 0
- Number of unplanned transfers during the reporting period– 0
- Number of unplanned readmissions within 28 days of discharge during the reporting period - 0

Caring

- NHS Friends and Family test (FFT): does not collect NHS FFT scores, but equivalent satisfaction survey scores were between 90%-100% in the reporting period.

Responsive

- 18 week RTT – Harley Street at Queen's meeting national waiting times.
- Cancelled by Harley Street at Queen's for non-clinical reasons- 5
- How many offered an appointment within 28 days - 5

Summary of this inspection

- Complaints received – 13

Well-Led

- Turnover – moderate inpatient nursing staff turnover July 2014 to June 2015 at 42.8%. Between July 2015 and June 2016 it was 22.5%.
- Low rates of sickness occurred in this reporting period amongst HSQ staff, fluctuating between 0% and 6%.
- Bank and agency staff usage, as share of total staff, fluctuated between 15% to 46% across the reporting period. This figure did not include any agency staff usage.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Medical care

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

Information about the service

Harley Street at Queen's, part of HCA Healthcare UK, provides access to surgery in a dedicated ward at Queen's Hospital, which is part of Barking Havering and Redbridge University Hospitals NHS Trust. The service consisted of 14 inpatient beds, 6 chemotherapy treatment chairs, 2 consulting rooms in the outpatient department, a dedicated pharmacy service, a dedicated complimentary therapy room, and a radiotherapy suite. The service provided medical inpatient and outpatients appointments primarily for oncology patients, however also covered other medical specialities such as haematology, gastroenterology, gynaecology and general medicine. Services are primarily delivered to people living in North East London; however the service will accept referrals from outside the area.

Some services and facilities, including the operating theatres and endoscopy suites (and their associated staff), are provided by the host trust through service level agreements. As these facilities were not part of Harley Street at Queen's they are not covered in this report.

Between July 2015 and June 2016 the service provided 404 episodes of inpatient attendances, as well as 1,034 day case attendances.

To arrive at our ratings we spoke with 14 members of clinical and non-clinical staff, ten patients and four of their family members, and nine other healthcare professionals that worked with the service. We reviewed patient records, risk assessments and audits and looked at the minutes of clinical governance meetings. Overall we rated this service as good.

Outpatient services, including radiotherapy and imaging services, which related to medical services are also covered in this report.

Good

Medical care

Summary of findings

- There were systems in place for reporting, investigating, and sharing learning from incidents.
- The service had arrangements in place for infection prevention and control, and the service environment was clean, spacious and well maintained.
- The service was staffed appropriately to meet the needs of patients, and could arrange for regular nursing bank staff to fill shifts when needed.
- Staff provided care and treatment in line with national best practice guidance of recognised organisations, including the National Institute for Health and Care Excellence (NICE).
- We saw good examples of multidisciplinary working across medical services.
- Patients we spoke with stated they were happy with the treatment they received at the service.Feedback collected by the service from patients following treatment was also positive.
- The service had a number of service level agreements with the host trust that improved patient access to specialist healthcare staff and equipment. This included access to the trust tissue viability team, safeguarding, critical care staff, infection prevention and control, dementia nurses and learning disabilities leads.
- There was evidence the clinical governance structure was fit for purpose and resulted in positive change. The service had oversight of their main risks to the service and were addressing them accordingly.
- Staff we spoke with stated that the culture at the service was very positive and that management were accessible and supportive.
- The staff at the service worked collaboratively with the host trust, and stated they had a good relationship with the host hospital's staff.

However:

- The Medical Advisory Committee did not have current representation in their attendees for general medical specialities.
- Feedback collected from patients was not separated into the different types of treatment modalities.

Are medical care services safe?

Good

We rated safe as good.

Incidents

- Data we looked at showed there were no reported 'never events' at HSQ since the service commenced in 2010. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There were systems in place for reporting, investigating, and sharing learning from incidents which was regularly reviewed and updated. Staff we spoke with described their responsibilities for reporting incidents through the hospital's online electronic reporting system which alerted the management team when an incident had occurred.
- Learning from incidents was shared through staff forums, departmental meetings and emails. During our inspection we attended a daily multidisciplinary safety briefing where we observed safety incidents discussed. We also saw minutes of the clinical governance committee meetings held monthly from March 2016 to July 2016, which demonstrated discussion and shared learning about incidents.
- There were 79 clinical incidents reported at HSQ between July 2015 and June 2016. Of these 59 (75%) related to surgery or inpatients (which included medical care), and 18 (23%) related to outpatients. The provider also reported 23 non-clinical incidents in the hospital between July 2015 and June 2016. Of these 17 (74%) related to surgery or inpatients, with 13 incidents (13) reported in outpatients. The assessed rate of incidents in all services was lower than the rate of other independent acute providers we hold this type of data for.
- A mortality review was conducted for each patient death in the service and was led by the managing consultant with support from other consultants involved in delivering care. Mortality reviews were multidisciplinary. We looked at a sample of three records and saw the

reviews were discussed in a range of meetings, including the cancer radiology meeting and the cancer multidisciplinary team meeting. Mortality reviews were detailed and included a review of all of the treatment the patient received as well as consideration of the individual's end of life care wishes and family involvement.

- From 1 April 2015 all independent health care providers are required to comply with the duty of candour (DoC). This is a statutory requirement under the Health and Social Care Act (Regulated Activities Regulations) 2014 for healthcare providers to disclose safety incidents that result in moderate or severe harm or death to patients or any other relevant person. Staff we spoke with told us they had completed training on candour and understood the duty of candour legislation is about being open and honest.
- Within the imaging department, staff members shared learning from incidents with colleagues at other HCA Healthcare hospital sites in monthly meetings. Issues such as safeguarding alerts, governance and radiation protection issues were all included on the agenda.
- During our inspection a patient had their chemotherapy treatment delayed due to their mislaid patient notes. We saw a senior member of staff recorded this as an incident, discussed it with appropriate staff, and commenced an investigation.

Clinical quality dashboard

- The hospital had systems in place to monitor the provision of harm-free care including the amount of falls, pressure ulcers, catheter related infections and blood clots (venous thromboembolism, VTE) that occurred for inpatients in line with national guidelines. This has been reported in the surgical service report.
- Monthly audits were conducted on the wards to check the effectiveness of controls put in place to minimise the risk of patients falling or acquiring pressure ulcers. This included comprehensive risk assessments and training to ensure compliance to organisational policies.
- NICE CG 161 provides evidence based advice on assessing and preventing falls in older people. We saw that falls risks were documented in all of the patient records we looked at, and that they were discussed at the daily staff safety briefing we attended.
- In all of the patient records we looked at we saw pressure ulcer risk assessments were carried out using a nationally recognised assessment tool, and that the risks were acted upon. Where specialist advice was required, referrals were made to the host trust clinical nurse specialist for tissue viability.
- Patients had access to pressure relieving support surfaces and guidance in accordance with Royal College of Nursing (RCN) Management of Pressure Ulcers guidance.

Cleanliness, infection control and hygiene

- The service had established systems in place for infection prevention and control, which were accessible to all staff. These were based on the Department of Health code of practice on the prevention and control of infections and included guidance on hand hygiene, use of personal protective equipment and management of spillage of body fluids.
- All of the infection prevention and control standard operating procedures we reviewed were up to date and accessible by staff on the HSQ intranet.
- There had been no reported incidents of health acquired meticillin-resistant staphylococcus aureus (MRSA) or Clostridium Difficile (C.Diff) in the six months prior to our inspection. We saw evidence that MRSA screening had increased consecutively each month during the period of July to October 2016. The MRSA screening scores for October and November 2016 were 100%. We also observed effective use of isolation procedures on the inpatient ward with a patient with a suspected infection. Staff members were aware of IPC precautions required.
- NICE QS61 statement three recommends people receive healthcare from health care workers who decontaminate their hands immediately before and after every episode of direct contact or care. We saw staff consistently followed hand hygiene policies and used personal protective equipment appropriately. We saw clinical staff also followed the 'bare below the elbow' guidance in line with best practice.
- Cleaning of clinical areas was carried out by the host trust's external cleaning contractor. Cleaning protocols were clearly displayed. A cleaning schedule was in place for equipment, and supervisors checked on the cleaning at least twice a week.
- The facilities coordinator completed monthly environment ward round checks. The latest data related for both November 2016 and December 2016

demonstrated that identified issues were actioned promptly with completion dates. The cleaning checklist was also comprehensive and the latest available monthly data between July 2016 and December 2016 demonstrated 100% completion of daily checklists.

- Staff we spoke with were aware of the infection prevention control (IPC) lead nurse, the director of IPC and the IPC link practitioner for the medical service. IPC meetings were held monthly by the host trust and attended by the HSQ IPC link person and outcomes were shared via email.
- Hand hygiene audits were completed monthly by the IPC link practitioner. Between September 2016 and November 2016 the ward achieved an average 99% compliance.

Environment and equipment

- All areas we inspected were visibly clean, tidy and well maintained. The entrance to HSQ displayed a map of the site with signage in place for the reception desk. The service met Department of Health guidance for facilities for inpatients and clinical areas including with regards to space.
- HSQ conducted a monthly audit from September 2016 to assess both the physical environment (including infection prevention and control practice) and clinical equipment. Results showed 100% compliance for September, October and November 2016 in environment, sharps, waste management, alert organisms, linen management, medical device care and patient information.
- There were appropriate security arrangements in place and HSQ used the host hospital's security team. The reception desk was staffed at all times the service was open. A receptionist was also present for HSQ during opening times in the radiotherapy department.
- The provider had arrangements in place with the host hospital for the maintenance and testing of equipment. Staff told us that if there were any faults with equipment the host trust and service worked together to minimise the impact on the service. During our inspection, all the equipment we looked at was in good working order and was labelled to demonstrate up to date portable appliance testing (PAT).
- There were bins for clinical waste, non-clinical waste and sharps in the clinical treatment room. The sluice room had restricted access and was locked to prevent patients or members of the public from entering the room. We found the sluice area had clear segregation of clean and dirty items.
- Resuscitation equipment was located in each clinical area. Staff told us and records confirmed that the host trust maintained the resuscitation equipment, and that it was checked by HSQ staff on a daily basis. A checklist of resuscitation equipment was completed in accordance with local standard operating procedures, and showed there were no missing items.
- In outpatient areas, all of curtains in the clinic rooms were marked with expiry dates and within the six months period. Clean linen was stored correctly in a cupboard, and on inspection and adequate supplies of linen were readily available. The imaging area and radiotherapy rooms were well supplied and had all necessary equipment available.
- Staff informed us that a risk for the service was the lack of a call bell for patients to request assistance in a consulting room, so patients would not be able to get help from a nurse. The risk was listed in the risk register but staff told us there had been no incidents. Staff told us they mitigated any risk by ensuring a member of staff who had first aid training and advanced life support training was always available at the reception desk.
- The radiotherapy department was on the ground floor of the host hospital. Staff told us that if a patient needed to visit both outpatients and radiotherapy, a member of staff always accompanied them. If a patient was attending radiotherapy only, they could access the unit via a separate entrance on the ground floor through the haematology and oncology unit.
- Patient-led assessment of the care environment (PLACE) is a measure of the care environment in hospitals, which provide NHS care. The assessments see local stakeholders visit the hospital and look at different aspects of the care environment. However, HSQ did not have an equivalent measure in place.

Medicines

Good

Medical care

- Inpatient and outpatient pharmacy services were provided by HCA and in partnership with the host trust. The main pharmacy was on the unit, and a satellite pharmacy situated between the inpatient and chemotherapy units at HSQ.
- The satellite pharmacy was open during core hours between Monday and Friday, and on Saturday mornings. HSQ had sufficient controls in place for the safe storage and administration of medication for patients. Access to the pharmacy was by designated staff only. In addition, there were specific procedures for other named staff to gain emergency access out of hours, meaning that unauthorised access was not possible.
- The service aimed for 100% in meeting the target turnaround times for the supply and administration of medicines. Staff told us there were some delays in the supply of medicines from the main hospital pharmacy, resulting in a 70% compliance rate. We saw that corrective action was in place to account for this delay, including weekly reviews of the service with the host Trust to monitor supply of medicines.
- There was a checking system that ensured the accuracy of each prescription and dispensing of medicines. This meant only one prescription was prepared at a time to minimise the risk of error. We saw patients who received medicines to take home, and where appropriate, their relatives and carers, were given clear instructions on how to administer them and given the opportunity to discuss possible side effects.
- All clinical areas had a regular medicine top-up service that was provided by pharmacist technicians. Staff we spoke with were consistently positive about the service and told us it was very rare to run out of stock. Out of hours measures were in place to arrange for emergency supplies where needed.
- We saw all medicines were stored securely in locked cupboards or in a locked refrigerator. Staff recorded fridge and room temperatures were monitored and recorded to ensure medicines were kept in optimal conditions. All the temperatures were within the required range.
- Chemotherapy (cytotoxic medicine used to treat cancer) was supplied by the host trust as part of the pharmacy service level agreement. Cytotoxic medicines were administered intravenously or orally.
- Staff told us chemotherapy was prepared in an aseptic (sterile) pharmacy environment to guard against the risk of infection being introduced when it was administered. We saw the processes and the chemotherapy supplied were compliant with national guidance and best practice.
- Some chemotherapy drugs are harmful to patients and staff on exposure. We saw the service had kits readily available for staff to deal with any cytotoxic spills and extravasation. Relevant staff had received training in how to use the kits. We saw records that demonstrated staff checked the kits regularly.
- Controlled drugs (CDs) are medicines which require additional security. CDs were stored securely on site in the pharmacy and inpatient areas. We saw controlled drugs were checked by two qualified members of staff and all stock levels were correct. CD audits were performed on a quarterly basis. We have reported on these and other medicines audits in the surgical service report.
- We looked at 14 medicine administration records and noted that no prescribed medicine had been missed or omitted. NICE QS61 recommends that people are prescribed antibiotics in accordance with local antibiotic formularies. The service had a clear policy, process and guidelines for managing the administration of preventive and therapeutic antibiotics. This included regular monitoring and review as a part of overall medicines audits.
- Patients received a direct ward contact number should they have any queries after discharge or about their medications. Outpatient prescriptions and discharge letters included the ward telephone number as well. We saw patients who received medicines to take home, and where appropriate their relatives and carers, were given clear instructions on how to administer them and given the opportunity to discuss possible side effects.
- The service issued private prescriptions within outpatients and some inpatients due for discharge. The pharmacy department stored the private prescriptions and maintained a register of all private prescriptions issued. We reviewed the private prescription register and found that for three out of the five prescriptions issued between 27 November 2016 and 7 December 2016, there was no record of a witness signature confirming issue. We reviewed the records of all three patients concerned and saw that the carbon copy of the

original prescriptions had been correctly filed in the patient's notes. HSQ shared an investigation report having raised this as an incident and showed that the service had taken appropriate actions.
- Local HSQ policy required the receipt of all private prescriptions to be signed for by the prescribing doctor, and witnessed and signed for by the senior nurse. HSQ did not have an audit process to monitor compliance to the outpatient prescription policy particularly regarding the issue of private prescriptions.

Records

- We reviewed 14 sets of patient notes. The hospital predominantly used a paper record system. All of the notes we reviewed were completed in full, were legible and signed in line with Nursing and Midwifery Council (NMC) guidelines. Care pathways for medical patients incorporated risk assessments including risk of falls, and pressure ulcers. Those we saw were completed appropriately alongside documentation of allergies. Where appropriate, there were records of involvement by the multi-disciplinary team (MDT) including the dietitian, physiotherapist and specialist nurses.
- A senior nurse conducted an audit of nursing documentation in August 2016 in line with Nursing and Midwifery Council guidelines for good documentation. The audit found 94% compliance and an action plan was implemented to ensure nurses used the correct colour ink and signed and dated every entry.
- The matron, general manager and charge nurse completed a consultant review and documentation audit in September 2016 to assess medical records. The audit found variable results, with 71% overall compliance. In response the clinical director issued new guidance to all consultants and RMOs about the standard for reviews and documentation. This was re-audited in November 2016 and an improvement was found, with overall 88% compliance.
- Individual care records were managed in a way that kept people safe. The hospital had a clear policy which described how records should be completed and stored. There was clear guidance on how information should be recorded and which areas of the records had to be filled in; for example, hospital numbers and discharge details.
- There were clear systems in place to ensure that medical records generated by staff holding practising privileges (the term used for health care professionals such as consultants who are authorised to practise in independent hospitals) were safely integrated into the hospital's records for patients. The process for this was clearly defined in the hospital records management policy, which those with practising privileges were required to adhere to.
- Outpatient notes were securely stored in a locked room in the business office. This room was only accessible via keypad entry and access was restricted to HCA nurses and business office staff. We observed four outpatient clinics and saw that staff transported notes using a locked bag from the business office to the clinic rooms.

Safeguarding

- Safeguarding policies and procedures were in place to keep vulnerable children and adults safe from harm and abuse. The last review date for the policy was December 2015 and the policy covered protocols for recognition and reporting of female genital mutilation and domestic violence.
- HSQ had a service level agreement with the host hospital to provide access to their safeguarding team. The safeguarding team could provide advise on concerns, and support the delivery of training for staff.
- Staff we spoke with were aware of how to identify signs of abuse, how to seek further specialist advice, and how to report safeguarding concerns. Information on how to raise concerns was clearly displayed in all areas of the hospital.
- None of the staff we spoke with could recall situations where they needed to report any safeguarding concerns in the medical service. Records we looked at confirmed there had been no reported concerns in the past 18 months.
- All staff were required to complete mandatory training in safeguarding children and adults to level two. Records we looked at showed the completion rate was 100% for all staff within nursing, allied health professionals and staff working in pharmacy, radiotherapy and the business office. The general manager, matron and resident medical officer (RMO) had completed safeguarding adults and children training to level three.

Mandatory training

Good

Medical care

- The service provided mandatory training data for all staff. Staff completion across all core training modules was over 95%. The lowest compliance rates were for nursing staff in Ethics (88%) and Infection Control (88%).
- The service provided mandatory training on a range of subjects through an online programme. Training records were maintained and monitored across the services. There were no separate arrangements for staff providing the medical and surgical service. Mandatory training is therefore reported in the surgery core service report.
- Staff we spoke with were positive about the training provided and were confident they would be supported to attend additional training if requested.
- Mandatory training consisted of computer-based modules accessed via learning academy online and included topics such as basic life support training (BLS), equality and diversity, ethics, fire safety, health and safety, infection control, information security, manual handling theory and safeguarding.
- 100% of clinical and non-clinical staff had completed basic life support (BLS) as part of their mandatory training. Nursing staff in both inpatients and outpatients also completed immediate life support training. RMOs and consultants completed advanced life support training. There were service level agreements with the host hospital for 24-hour, seven-day services from surgeons, anaesthetists, physicians and radiologists and supporting services.

Assessing and responding to patient risk

- Staff used a deteriorating patient management policy, which outlined how to respond immediately to a deteriorating patient's needs as quickly and safely as possible. The policy included information on patient transfers between care settings, which followed the host trust's patient transfer policy. The member of staff responsible for patient care prior to transfer ensured a completed set of vital signs and an early warning score had been recorded immediately prior to transfer.
- A service level agreement was in place between the service and the host hospital's critical care unit. This meant patients could be cared for post-operatively in the intensive care unit (ICU) or high dependency unit (HDU) if they needed a higher level of recovery support.
- In cases where a patient started to deteriorate, the RMO was responsible for reviewing the patient in the first instance. If necessary, the patient could be referred to the host trust critical care outreach team as set out in a formal service level agreement. Staff gave us an example where a patient was transferred to the local cardiothoracic centre following consultant-to-consultant referral. Staff told us that they felt confident in the arrangements in place.
- Transfer processes ensured they took place only with a consultant-to-consultant handover, which ensured patients were monitored by senior clinicians during the process.
- During our inspection we saw two delays in commencing chemotherapy in response to identified risks. One was a patient who had arrived from another hospital, where treatment could not start until their medical records were in place. The second was where nursing staff had identified a patient had abnormal blood results and delayed the treatment until the consultant was able to assess the patient in person.
- Staff showed us the instructions in place to manage deteriorating patients. This included information on patient assessment using the national early warning scores (NEWS) and escalation triggers used for patient transfers between care settings. NEWS is a nationally recognised tool, which standardises the assessment of acute illness severity.
- The NEWS policy was up to date and was based on NICE guidance CG50, National Patient Safety Agency (NPSA) guidance for adult patients and Royal College of Nursing (RCN) 2013 guidelines for infants and young children
- In all of the patient records we looked at we saw staff had escalated any concerns about the patient's condition appropriately, and that repeat clinical observations were taken within the necessary time frames.
- A sepsis screening tool and the 'sepsis six' care pathway were in place. This was produced by the host trust in accordance with NICE guideline NG51 Sepsis: recognition, diagnosis and early management, and provided clear instruction on actions required where there was confirmed sepsis and severe sepsis. We saw that the importance of completing the sepsis pathway had been discussed at the ward meeting in November 2016.
- The National Institute for Health and Care Excellence (NICE) clinical guideline 51 relating to the recognition, diagnosis and early management of sepsis was readily available for use by clinical staff. Audits took place

quarterly to ensure best practice was adhered to. The most recent audit in August 2016 demonstrated the hospital sepsis protocol was correctly followed for all five of patients with sepsis.

- Neutropenic sepsis is a potentially fatal complication of treatment for cancer. An audit was carried out in August 2016, monitoring a sample of four patients, which showed that in all cases the neutropenic sepsis protocol was also followed correctly. NICE quality statement three (QS3) recommends that all patients, on admission, receive an assessment of venous thromboembolism (VTE) and bleeding risk using the clinical risk assessment criteria described in the national tool. We saw this was completed and documented in all of the patient records we looked at.
- Consultant-led care was supported by on-site RMO cover 24-hours, seven days a week and access to a range of supportive services including the critical care outreach team. There was a 24 hour telephone helpline service for patients and carers for advice on the side effects and complications of treatment, including chemotherapy. Advice was given by senior nurses with consultant and resident medical officer support if needed.
- Extravasation is a recognised complication of chemotherapy, where toxic medicines escape into the tissues rather than being confined to the vein. This can cause serious side effects. The more serious reactions require rapid assessment by a plastic surgeon, which is best practice. Patients who had a mild reaction would be treated locally according to the hospital extravasation policy. However, if further treatment was required, the patients would be transferred to NHS facilities.

Nursing staffing

- A team of 15 nurses provided care across inpatients and outpatients, including two senior sisters and six senior staff nurses and a healthcare assistant. There was no set guidance for safe staffing levels in the outpatient department as staff told us this was determined based on the outpatient clinics running each day. Staff in the outpatient department told us they felt there were usually enough staff in the department to sufficiently cover the clinics.
- The planned nurse to patient ratio was 1:3 between 8am and 8pm and 1:4 from 8pm to 8am. Nurses could cover both the ward and outpatient departments as needed, and were allocated depending on the needs of each service each day.
- Staff told us that there was minimal use of agency staff as there were no vacancies. However, regular bank staff fulfilled shifts not covered by contracted staff and were invited to attend ward meetings. Bank staff told us that they felt well integrated and supported. Bank staff received all of their training at the host hospital, which covered orientation. A meeting folder noted any updates and was readily accessible.
- Staff received their rotas six weeks in advance and HSQ used a computerised workforce planner to manage staffing and allocation.
- NICE guideline SG1 recommends a systematic approach to nurse staffing at ward level to ensure patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of day or day of the week. The service operated one inpatient ward, which was shared with surgical patients, and one outpatient department shared with other specialities. The nursing staffing arrangements for inpatients and outpatients are also reported in more detail under the surgery core service report.
- Administration of chemotherapy was always carried out by nursing staff assigned solely to work in the chemotherapy unit. In their absence other suitably qualified nurses would provide the service. All of the nurses providing the service had specialist chemotherapy training and were required to complete ongoing specialist training and demonstrate their competence on at least an annual basis through a formal skills based assessment. Staff told us, and we saw from the staffing rotes, that no agency staff were ever used within this specialist service.
- Patients we spoke with said they normally saw the same team of nursing staff at each consultation and felt communication between the multi-professional team was clear and timely.

Medical staffing

- There were 110 consultant doctors practicing under rules and privileges for the provider, all of whom had their registration validated between October 2015 and

September 2016. The medical advisory committee (MAC) retained responsibility for ensuring the competency and registrations of medical staff. The MAC had a good relationship with the host trust's MAC, and staff from both services met regularly to review consultant ways of working and discuss possible areas for collaboration.

- Patients were admitted under the care of a named consultant. Consultants reviewed their patients at least daily and provided a 24 hour on call service as and when required. The day to day medical service was provided by the RMO who dealt with any routine and emergency situations in consultation with the relevant consultant. Out of hours, consultants provided telephone advice and could attend in person. The RMO was required to have at least one year's oncology experience prior to applying for the position. Records we looked at confirmed this was part of the application process.
- Senior managers and clinicians told us the service employed experienced RMOs to ensure sufficient competency and knowledge to care for patients with specific and complex medical needs. There were arrangements in place with the locum agency that if a RMO had a disturbed night, the staff could liaise with agency that would then provide cover. Locum RMOs had an induction with HSQ and the host trust.
- An RMO was present on the ward at all times. RMOs worked on a one week on, one week off basis that helped to ensure continuity of care for inpatients. Overnight the RMO worked on an on-call basis and where a patient needed one-to-one medical care, the nurse in charge ensured a second RMO was provided. RMOs were present at daily nurse handovers and provided daily handovers to each consultant.
- Staff we spoke with were very positive about the quality of the RMOs they worked with. Staff stated that the RMO was very accessible when needed, and consultants stated they were happy with the care the RMO provided to their patients when they were unavailable.

Major incident awareness and training

- We reviewed the HCA major incident awareness policy available on the HCA intranet, and found these to be in date. We were informed that the head of emergency planning at the host trust had met with the matron and general manager of the service to share information about business continuity and major incident plans
- Not all staff had completed the major incident awareness training. The matron and general manager had completed major incident awareness training with the host trust, including the emergency prevention, preparedness and response training and working groups, as well as the specific business continuity training for their central corporate provider.
- A fire warden was provided by the host hospital to act as a link with the ward for evacuation protocols and staff training. HCA supplemented this with in-house fire safety and prevention training. All of the staff we spoke with demonstrated in-depth practical knowledge of fire safety and emergency procedures, including the evacuation of patients who were bedbound or receiving treatment.
- The lead physiotherapist acted as the fire safety officer and would lead an evacuation. Another member of staff was always designated in this role whenever he was not on shift.

Are medical care services effective?

Good

We have rated effective as good.

Evidence-based care and treatment

- The National Institute for Health and Care Excellence (NICE, 2010) recommends that all patients should be assessed for risk of developing thrombosis (blood clots) on a regular basis. Between July 2015 and June 2016 screening rates for venous thromboembolism (VTE) were above 95% and there were no reported incidents of hospital acquired VTE or pulmonary embolism (PE). Risk assessments completion was appropriate in the records we reviewed.
- Staff provided care and treatment according to HCA policies that met the national best practice guidance of recognised organisations including the National Institute for Health and Care Excellence (NICE). The medical advisory committee and clinical governance committee maintained a database of all policies to

ensure they were reviewed at appropriate intervals and remained up to date. The clinical governance team used monthly meetings to review updates to best practice clinical guidance issued by NICE. This team and the quality lead also used monthly meetings to benchmark HSQ against other HCA services, such as in the results of patient satisfaction surveys.

- The ward had achieved UK Oncology Network accreditation through evidence of care and treatment benchmarked against national best practice guidance.
- Arrangements to recognise and care for deteriorating patients was provided in line with NICE clinical guidance 50 in relation to acutely ill adults in hospital. In addition, staff provided follow-up for each patient in line with NICE clinical guidance 83 in relation to rehabilitation after critical illness.
- Staff used a local audit plan to monitor and measure clinical standards and outcomes. The audit plan focused on areas highlighted by incidents and patient feedback and was in addition to the HCA audit plan. Local audits included the discharge process, use of the malnutrition universal screening tool, record keeping and fasting.
- The ward sister conducted an audit of the effective use of the national 'sepsis 6' bundle between November 2016 and December 2016. The audit found staff followed the toolkit appropriately in all five patients who experienced sepsis.
- Staff used an electronic 'vein to vein' blood tracking system during blood transfusions that enabled the procedure to be carried out in accordance with the latest safety guidance.

Pain relief

- Pain relief was not generally required by patients using the chemotherapy service; however staff told us they would contact the resident medical officer or consultant to prescribe pain relieving medicines if necessary. We saw in patient records that as-needed pain relief was prescribed for patients with good effect.
- An acute pain team including pain consultants was available on-call at all times. Patients had the option to see a pain consultant as part of their pre-admission and discharge meetings.
- Pain survey responses were monitored monthly by the inpatient ward staff and are reported in the surgery core service report. Staff we spoke with told us they had access to the acute pain service at the host trust.
- Staff documented as needed (PRN) pain relief appropriately both in nursing notes and whilst doing observations. We saw evidence in our review of outpatient's notes that pain assessments took place where appropriate.
- Pain leaflets were sent with packs for elective admissions by linking with the pain clinical nurse specialist at another HCA hospital.

Nutrition and hydration

- Within core hours there was access to a dietitian for specialist advice and input for patients identified at risk of dehydration or malnutrition. We saw documentary evidence in patient records that the dietitian participated in multi-disciplinary inpatient ward rounds, and that staff documented all interventions in the patient's individual care records.
- We saw evidence in our review of patient records that nutrition and hydration assessments took place appropriately. Staff had completed the malnutrition universal screening tool (MUST) as part of the assessment.
- The MDT input of a dietitian was available both within inpatient and outpatients departments and MUST was discussed at the MDT handover in the mornings. The dietitian provided nutrition training and support for nurses, which included information on supplement drinks.
- Staff told us nursing staff would complete the caterer communication book noting any dietary need(s) for the patients. Different therapeutic diets were available including gluten free.
- The dietitian communicated any supplement needs to the patient's GP via written letters and encouraged patients to try the supplements during their chemotherapy treatment. The dietitian provided nutrition training and support for nurses, which included information on supplement drinks.

Patient outcomes

- Between June 2015 and July 2016 the service reported 23 expected deaths, which represented a mortality rate

of 6%. This was worse than national comparable mortality data amongst other independent hospitals; however represented numbers of patients who had chosen the service as their preferred place to pass away.

- The service did not participate in national audits. HSQ had tried to participate but did not meet the criteria for entry due to insufficient patient numbers. However, the provider completed local audits on records, cleanliness, hand hygiene and safer surgery checklists.
- The service audited patient outcomes and used a trend analysis as part of the internal governance process to review performance. Key performance indicators included surgical site infections, unplanned readmissions and unplanned returns to theatres. These data were audited monthly and overall performance considered annually.
- A key indicator of successful access to treatment was access to intravenous antibiotics within one hour for patients who were suspected of having neutropenic sepsis. The audit schedule we looked at stated that the processes for neutropenic sepsis would be audited monthly.
- NICE QS61 recommends people who need a vascular device have the risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed. Some patients we spoke with and observed had a peripherally inserted central catheter (PICC) for the frequent administration of chemotherapy. Audits of compliance with local PICC guidance were carried out quarterly, and demonstrated consistent rates of 100% adherence to correct procedures.
- The service did not participate in the Public Health England surveillance for total new and hip replacements but carried out discharge follow up calls to all patients.

Competent staff

- Staff had the right qualifications, skills, knowledge and experience to do their job. We saw there was a hospital, departmental and individual induction programme in place. Staff we spoke with told us that the induction was useful and met their needs.
- All the staff we spoke with had completed an annual appraisal. As at June 2016, 100% of staff at the service had undergone an appraisal in the previous 12 months. Staff told us they found the appraisal system useful to discuss their progress and career aspirations with their line manager.
- Staff told us there was a variety of means through which they received vital communication. They described staff meetings, email, and notice boards and we saw records that confirmed these methods were effectively used.
- All 110 doctors who had practising privileges at HSQ were at consultant level and registered with the General Medical Council (GMC). Core criteria for applications included: being registered with the General Medical Council (GMC); Disclosure and Barring Service (DBS) checked; have appropriate Hepatitis B status recorded; and have medical defence union insurance (MDU).
- HSQ reviewed practising privileges annually, the central system would ensure all the submitted documents were appropriate and would alert HSQ if a submitted document has expired. Central revalidation officers facilitated revalidation every five years by sending email reminders and ensuring documentation was completed.
- Nurses and healthcare assistants undertook a HCA corporate induction followed by a two week period of supernumerary supervision before they were assessed for clinical competencies and able to work unsupervised. Staff described their induction experiences positively and said they felt HCA supported them during their development.
- Nurses and healthcare assistants were cross-trained to care for both surgery and medical patients and undertook a range of specialist training in addition to the standard mandatory package. To facilitate individualised care in the last days of life, staff proactively attended palliative care training at the local hospice.

Multidisciplinary working

- NICE QS15 recommends that patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. Patients we spoke with consistently told us that there was good communication between the multidisciplinary team, and between consultants from different specialty areas.
- Staff told us the service worked with specialists from other areas within the hospital and host trust including

physiotherapists, occupational therapists, dietitians, pharmacists and radiographers. We saw the service had access to nurse specialists through a formal service level agreement with the host trust.
- During our inspection we saw where referrals were made to the host trust tissue viability nurse and palliative care team and noted that these referral requests were responded to immediately.
- We saw that all inpatients were discussed at a multidisciplinary morning team meeting so that plans for specific patient needs were agreed and implemented.
- Managers told us NHS patients were discussed at relevant oncology and haematology meetings with the host trust, but this did not happen for private patients. This risk had been addressed by the inclusion of private HSQ patients in the host hospital's multidisciplinary patient reviews.
- We observed effective MDT working between different healthcare professionals. This included the daily team briefing which was well attended by a multi-professional group of staff including pharmacist, dietitian, physiotherapist, nurse in charge, ward clerk, business officer, registered medical officer (RMO) and senior sister.
- The service adopted a multi-disciplinary approach to patients living with cancer and other long term conditions. This involved a wide range of professionals and partners. We saw photos of the MDT team on a display board near the inpatient and chemotherapy reception desks which allowed patients to recognise different staff and their roles.

Seven-day services

- The oncology service was consultant-led, comprising of outpatient and inpatient chemotherapy and radiotherapy services. Services were provided 24 hours a day 365 days a year. Patients were able to access the consultant and nursing staff at all times and were encouraged to contact them when necessary.
- RMOs provided on-site cover 24-hours, seven days a week. Service level agreements (SLAs) were in place with the host trust for 24/7 services from surgeons, anaesthetists, physicians and radiologists and supporting services as required.
- Staff we spoke with told us the consultant reviewed each inpatient at least every 24 hours. Patients we spoke with confirmed this happened and we saw that each review was documented in the patient's record.
- Imaging and radiology services were available 24-hours, seven days a week.
- Pharmacy services were available on site on weekdays within working hours. Access to central HCA pharmacy was available out of hours.

Access to information

- Staff showed us how they accessed key polices on the HSQ intranet and the host hospital's intranet, for example infection prevention and control, medicines management and chemotherapy guidelines. Results of blood tests and X-rays were also immediately available electronically.
- Patients we spoke with told us that discharge letters were sent to their GP with details of the treatment provided on the day of each consultation and on discharge, detailing follow up advice, arrangements and medicines provided. All the patient records we looked at confirmed this had happened, and that a copy of the letter was given to the patient for their information.
- Patients told us they felt they were kept well informed of treatment plans, medicines, and exercise regimes.
- The provider had a medical records policy (published in April 2016) which included the storage and management of patient medical records, retention, who could access them and what to do with them when the patient was discharged.
- Patients at HSQ were registered on the host trust's electronic patient records system to enable them to access diagnostic imaging, theatres and other services. The patient's host hospital number was recorded on all HSQ documentation and business office staff were able to register them with the host hospital. This meant both HSQ and NHS clinical staff could review patient notes and test results, which reduced the possibility that treatment would be delayed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Medical care

- All staff completed a learning module on safeguarding which included informed consent and the Mental Capacity Act (2005) as part of mandatory training. The training completion rate was at 100% for both clinical and non-clinical staff at the time of our inspection.
- Staff we spoke with had a good understanding of the Mental Capacity Act and principles of consent. Staff told us that if they were unsure, they could readily access advice from the safeguarding lead at the trust.
- In all of the records we looked at we saw consent to treatment was recorded. Staff documented consent to care and treatment at the pre-assessment and throughout care, and we saw this was documented and signed.
- All of the patients we spoke with said they had been asked for consent by the surgeon when they had their pre-operative discussion. Both the surgeon and patient had signed consent forms in the patient records we looked at.
- A consultant or RMO completed a do not attempt resuscitate (DNAR) for patients on discussion of their end of life care wishes. DNAR status was documented accurately in the records we looked at and was included in mortality review meetings.

Are medical care services caring?

Good

We rated caring as good.

Compassionate care

- Inpatients were cared for in single bedrooms with ensuite facilities, ensuring privacy and dignity. Families and carers were granted open visiting and we saw they were involved in decision making, where appropriate. There was also spacious shared accommodation in the chemotherapy unit.
- Managers told us that staff had transformed the chemotherapy unit so that a dying patient was able to host their wedding ceremony, and accommodate 25 guests. We saw photographs of the transformed room and noted that the event had been commended by the chief executive officer of the hospital and the organisation. The service also provided patients who are too ill to return home with opportunities to celebrate birthdays in the service.
- The service collected data on patient satisfaction through patient surveys, but did not contribute this to the national Friends and Family Test dataset. In the six month reporting period between January and June 2016, the service reported between 90% and 100% of patients would recommend the service. The lowest response rate from patients in this period was 74%, with the highest response rate 91%. This data was collated with satisfaction from inpatient admissions as well as outpatients.
- Any interactions we observed between staff and patients were very positive, and staff appeared approachable, professional, and friendly. Nurses were observed to keep patients informed during each step of treatment, and ensured the patient was informed of any changes in their treatment or health. Patients in clinics were given opportunities to ask questions during their appointments. Clinicians were also observed to apologise to patients when there had been delays in between patient appointments and explained their reasons for postponing.
- The service displayed a 'you said, we did' board in the main reception area, which provided examples of patient feedback and changes the service had made in response. A staff photograph board was also visible in the main corridor so that patients could identify staff more easily. Notice boards in consulting rooms contained thank you cards from patients and families following their care.
- We saw consistently positive comments on patient feedback cards. These included: "my partner has been attending for chemotherapy as a day patient and spent 11 nights as an inpatient. All the nurses have been caring, considerate, efficient and kind. The environment has been good (safe and hygienic) and we are hoping the treatment is working". Another patient wrote: "The overall care which I have received has been excellent. I cannot stress how at ease I have been with the chemo treatment". We spoke with the relatives of a patient cared for on an end of life care pathway. They told us staff were caring and professional. They felt involved in their care.
- From the data provided by the service there was limited information about the experience of cancer patients. For example there was no specific cancer patient experience survey for inpatients or patients having chemotherapy in the chemotherapy day care unit.

Good

Medical care

Understanding and involvement of patients and those close to them

- NICE QS 15 states that patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. Staff told us this was part of the patient pathway. We saw in all of the records we looked at that this had happened.
- Patients we spoke with stated they felt involved in their treatment, were well informed, and felt supported to make decisions on their care. Patients told us that staff provided plenty of opportunities to ask questions about the treatment they would receive, and that any information they needed was explained well. Patients were provided with a contact number for the service if they had any questions or emergencies outside of their appointments.
- Information boards for patients and family members were located throughout the service, and pamphlet stands were also visible in communal areas. This included information on how to access support outside appointments details, feedback from patient surveys, and information on HCA International. Patient information pamphlets on cancer management and treatment from a international charity were also available.
- Staff told us that patients with additional support needs (such as those requiring interpreters, patients with a learning disability, or patients with dementia) would be provided with additional care and support to meet their needs.
- Staff told us that if a patient needed to visit both outpatients and imaging, a member of staff always accompanied them. If a patient was attending imaging only, they could access the unit via a separate entrance on the ground floor through the haematology and oncology unit.

Emotional support

- Staff we spoke with had a good understanding of the need for additional emotional support that patients may have. Staff were understanding and empathetic in their interactions with patients, and treated them with dignity and respect.
- Staff we spoke with stated that NHS patients would be signposted towards emotional support provided by the Macmillan Centre at the host trust. Independent patients were provided with access to a HCA psychologist for counselling every Tuesday on site. Patients were also able to access counselling at other times if needed and HSQ will provide a car for patients to go to a London HCA site to meet with the counsellor there.
- There was a HCA leaflet available on counselling and complimentary therapy which could be accessed by patients. The leaflet explained that support groups were available for patients, the details of which were displayed in communal areas of the service. The leaflet also stated that a range of complimentary therapies were available: massage, aromatherapy and reflexology to support patients through their treatment. Therapists were available on Mondays and Tuesdays, and patients could have four sessions free of charge.
- However, many of the patients we spoke with were not aware of the availability of counselling or other therapies through the service. Patients stated they had not been informed that this additional support was available.
- The service had arrangements with the host hospital to access their chaplaincy for emotional and pastoral support for patients. The chaplains regularly visited the service to see patients and provided religious, as well as emotional, support to patients. The chaplaincy also provided support to patients and families experiencing bereavement.
- The HCA on-site psychologist was also available to staff. Staff stated they had accessed this support on occasion following the death of a patient, and found it to be a useful resource. Staff stated that management supported them to attend patient funerals if they wishes.

Are medical care services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- Between July 2015 and June 2016 there were 1580 oncology patient episodes, 396 haematology and 371 general medicine episodes. Patients with a range of medical conditions used the service.

- The service had developed a working relationship with the host hospital to treat some of their patients, share learning and resources, and collaborate on future ventures. HSQ had contractually agreed to take patients on the waiting list of the host trust and deliver chemotherapy and radiotherapy services to them. Staff we spoke with stated they had a good relationship with the host trust, and they often shared treatment of patients to deliver comprehensive care. Staff also stated they had regularly collaborated to use equipment more efficiently. Consultants we spoke with stated the relationship between HSQ and the host trust helped both to drive improvement and deliver better quality treatment.
- Patients and staff we spoke with stated that there was availability of meals to cater to different religious, cultural and dietary needs. Patients stated that the food was of good quality, and dietary requirements were discussed as part of treatment.
- Patients had access to interpretation services if they did not speak English, and this could be arranged ahead of outpatient appointments. Referral forms to the service asked GPs or admitting consultants to identify if patients needed this resources so it could be organised ahead of the appointment. The service also had access to Macmillan Centre leaflets on different types of cancer and treatment in a range of community languages.
- Most of the patients had their chemotherapy delivered via Hickman or peripheral inserted central catheters (PICC) lines. Arrangements could also be made for patients to have the intravenous lines 'flushed' by the community nurses or their local hospital, to minimise inconvenience for patients having to travel long distances.
- The external supplier of chemotherapy medicines provided a Monday to Friday service. Chemotherapy was manufactured and delivered to the hospital, on a named patient basis, according to a service level agreement.

Access and flow

- Patients could be referred by GP, by a consultant with admitting rights, or by the host trust. Staff informed us that most patients will be offered an appointment within 48 hours; however they could also provide emergency appointments if patients needed urgent consultation. Patient administration officers book in patients appointments depending on availability in clinics. Some staff and patients informed us that consultants have set days for appointments which means some limits on patient choice; however they will accommodate the patients preferred time wherever possible.
- Consultants met with patients for an initial discussion on treatment and to obtain consent. The service also had access to the computer systems of the host trust, which meant they could easily access information on other treatment the patient may be receiving. Consultants were also able to access support from Clinical Nurse Specialists and Allied Health Professionals from the host trust to provide expert advice and support if needed.
- Inspectors reviewed policies relating to the standard operating procedures for admissions, and discharge planning policy, and found both documents to be in date. The admission policy excluded patients with co-morbidities that may complicated treatment, including women who required termination of pregnancy, acute trauma patients, patients with complex mental health needs and those under the age of 18. Patients with a secondary diagnosis of a mental illness could be admitted if the consultant and senior nurse were able to ensure their needs could be met during treatment.
- Following discharge from the service, patients received a mandatory follow-up phone call from their consultant to check on their recovery. Patients that were experiencing complications or needing more information could be given time to discuss their treatment with a consultant, or an appointment could be arranged for review. Inspectors observed a call from a patient needing reassurance and noted the consultant making arrangements for the patient to be seen at the next available clinic.
- The service maintained contact with patients following discharge to monitor recovery. Oncology patients were followed up with for up to five years depending on the nature of the illness, while other medical patients would have a routine follow-up appointment between six to eight weeks after discharge. These arrangements were clearly detailed in the service's discharge policy. Review of patients records showed evidence of consultants communicating information on the patient's treatment to their GP.

- Cancer waiting times were monitored on an ongoing basis, and reported upon every six months. We saw that the service met the cancer waiting times targets in 100% of cases, and that referral to treatment, including chemotherapy, was immediate, with no delays. HSQ offer palliative patients an appointment within 5 days on average, and offered radical patients appointments in 10 days.
- The service provided results of an audit of waiting times for access to radiotherapy treatment between September 2015 and February 2016. Waiting times were benchmarked against the national indicators for NHS cancer waiting times (2 weeks for palliative patients and 31 days for radical patients from the earliest clinically appropriate date). HSQ offer palliative patients an appointment within 5 days on average, and offered radiotherapy patients appointments in 10 days.

Meeting people's individual needs

- We saw that all patients using the chemotherapy service were issued with a diary to give them the opportunity to record their experiences if they so wished. Patients we spoke with consistently told us they found the diary helpful to record issues to discuss with staff at future consultations or when attending for treatment.
- There was a 24 hour telephone helpline service for patients and carers for advice on the side effects and complications of treatment, including chemotherapy. Advice was given by senior nurses with consultant and resident medical officer support if needed. Patients told us they saw their consultant at each appointment and felt confident that there was clear communication between the medical staff, nursing staff and other therapists.
- There were arrangements to refer patients who were nearing end of life for palliative care within the host trust. We saw such a referral made during our visit, and that the palliative care team responded immediately and implemented an individualised care plan that included psychological, social and spiritual care for the patient and their family.
- The service had a learning disability (LD) strategy and a dementia strategy with pathways of care to support patients' needs. They had access to LD and dementia clinical nurse specialists at the trust through service level agreements.
- Staff had training and access to resources to help them care for patients living with learning disabilities or dementia. The ward used the dementia 'butterfly' scheme that enabled staff to discreetly indicate when a patient was being cared with this condition so adjustments could be made to communication and how staff approached them.
- The service had a contract with the host trust to access all of their clinical nurse specialists and specialist teams if they needed expertise on patient care or training. This included access to the learning disabilities lead, dementia lead, the host trust's safeguarding team, tissue viability nurses, neurology, palliative care, intensive care, and infection and prevention control. Staff we spoke with stated they frequently accessed the advice from the clinical nurse specialists and had received training from them on how to better deliver care.
- The service had developed a good working relationship with the host hospital's intensive care team to help manage deteriorating patients. Staff we spoke with stated they had frequently sought the advice of critical care services (which included neurological intensive care as well as general), and that the critical care outreach team visited the ward frequently to identify patients who may need to be transferred. The service had also recruited experienced intensive care staff to the bank roster to provide additional care to patients with complex needs.
- Staff we spoke with stated there was good provision for neurological patients. The service had a good relationship with the neurological intensive care unit, and nursing staff had received training in how to identify a deteriorating neurological patient. Neurology and neurosurgery patients were also supported by a dedicated nurse with neurology observation training when visiting the department if needed.
- The outpatients department could easily access diagnostic departments at the host trust. Staff stated they had developed good links with host trust's imaging and radiology departments, as well as local haematology departments to provide blood work.

Learning from complaints and concerns

- Medical services (including radiotherapy) had 7 informal complaints and two formal complaints in the six months

from March 2016 to August 2016. The most common complaint outpatients related to staff not being immediately available. Staff informed us that they would try to address any concerns raised by a complainant immediately rather than raise a formal complaint.

- We reviewed examples of the service's response to complaints and found risk assessments completed and action plans in place to address concerns.
- Learning from complaints (both formal and informal) was shared with the Heads of Department who attend monthly governance meetings, chaired by the Head of Governance & Risk. This meeting included themes from complaints, feedback from patients, and compliments. Staff were able to provide examples of where complaints from patients had resulted in changes to practice.
- Complaints leaflets and information was clearly displayed in the main reception and outpatients areas of the service. Staff also informed us that complaints leaflets were provided to patients along with other information when they begin receiving treatment.
- The Chief Executive Officer (CEO) had overall responsibility for all complaints within the service. The CEO reviewed any complaints that the service received, and had oversight of actions plans addressing concerns raised. The service then sent a response to the complainant.
- The Executive Team Personal Assistant (PA) managed the administration of complaints. This included logging all complaints received on Datix, managing communication with the complainant, and ensuring investigations were completed in a timely manner.
- The Head of Governance & Risk was responsible for the governance of complaint investigations: The Head of Governance & Risk supported the Heads of Department as required with investigating complaints, and ensured that the concerns were addressed.

Are medical care services well-led?

Good

We rated well-led as good.

Leadership and culture of service

- A general manager led the service, supported by a modern matron, a senior sister and a charge nurse. The staff at the service worked collaboratively with the host trust, and stated they had a good relationship with the host hospital's staff. Trust staff we spoke with stated the team at Harley Street at Queens had worked alongside them in delivering patient care and delivered a good service to their patients. Staff working in the radiotherapy team stated they had a particularly collaborative relationship with the host hospital radiotherapy team.
- The nature of the unit meant permanent staff worked regularly with the host hospital's specialist teams and consultants who visited with varying frequency based on patient need. We spoke with a range of visiting health professionals and asked them about the working culture and leadership. One consultant said, “The standard of nursing is very good. There’s clearly a good degree of training and leadership and as a result my patients are happy and well looked after.”
- The senior team ensured staff had access to emotional support and flexibility to enable them to achieve a work/life balance. This included access to counselling and time off to attend patient funerals where appropriate. In addition all staff had the option to request flexible working.
- Staff we spoke with stated that the culture at the service was very positive and they enjoyed working there. Staff stated there was a good relationship between the various disciplines of healthcare professionals, and that staff were very welcoming to newly recruited members of the team. Staff also stated they felt there colleagues offered excellent informal support and guidance when needed.
- The service had a "reward and recognition" initiative which recognised outstanding contributions from staff members on a quarterly basis. The initiative provided staff with a reward if they won, and staff stated they felt valued when recognised as having made an outstanding contribution to the service.
- The service had invested in the professional development of their staff and promoted them internally. Several of the management team had started with the service in other roles before being promoted

into their current posts. Staff we spoke with stated they felt there were good opportunities for development within the service and that their professional development was well supported.

- Staff we spoke with stated that management were accessible and supportive. Staff stated that service managers were very visible around the service and that external executive members of the wider organisation would often visit. Staff also stated that the management team operated an "open door" policy and that they could bring any problems to their line managers.

Vision and strategy for this service

- Staff worked in accordance with HCA's mission statement and corporate values. In addition to this the HSQ team had established their own vision and set of values for the service. This included demonstrating kindness, compassion and integrity and contributing to the strategic framework of delivering high quality care and driving forward operational excellence and innovation.
- The HCA strategic overview for 2016 included eight key goals that included improving access and convenience and delivering high quality patient care through multidisciplinary working and consultant engagement in a safety programme.
- The service had developed local strategic goals for the future of the service, which informed the national business strategy for the corporate provider. The local goals were informed by the CQC five key domains, and included plans for developing the environment and facilities, supporting and improving the staffing complement, and improving the delivery of patient care.
- Staff that we spoke with stated they had a good understanding of the future goals of the service. Staff stated they felt consulted on possible ideas they had for making improvements to the service, and felt they were well informed on any strategic develops for the service by their managers.
- The delivery of the strategic vision for the service was supported by the HCA joint ventures team on site, who managed the relationship and partnership working with the host trust on an executive level. Staff we spoke with stated the joint ventures team were accessible and willing to include the opinions of clinical staff in the business development strategy.
- Senior staff we spoke with were aware of developments at the host hospital that could have potential implications for the future of the service. The Chief Executive Office stated they had spoken with the host trust's executive board, and were maintaining regular contact to ensure they were informed of developments.
- As part of the provider's annual quality account, the service identified quality objectives for the year ahead. For 2016 these were to develop comprehensive service lines, particularly in relation to targeted brain treatment in neurosurgery and developing the haematology service and to develop future leaders in the workforce. The clinical governance lead also planned to introduce a patient safety summit to the ward's governance structure to replicate the host trust's approach.
- During our inspection, we saw evidence of Oncology, Risk and Safety, Leadership and Corporate Management accreditation by Comparative Health Knowledge Systems (CHKS) and ISO 9001 Quality Management. Certificates were on display on the reception desk having been issued in June 2016 and valid until October 2018. These accreditations are a quality assurance mark of patient focused care, leadership and corporate management.
- As a strategy to improve the results of local audits and to develop nurse skills, the senior team planned to introduce a broader programme from January 2017 that would involve every nurse and healthcare assistant developing and leading their own audit.

Governance, risk management and quality measurement

- HSQ was part of HCA Incorporated's Healthcare UK Joint Venture South division. Governance for the service was overseen by a senior team including a chief executive officer, chief operating officer and local head of governance, along with a chief financial officer and chief human resources officer. The local head of governance was supported by a quality lead and regulatory compliance lead.
- The local head of governance attended quarterly HCA International governance meetings to review risks

management or quality issues that may be occurring nationwide. These meetings were chaired by the provider level head of governance, and any learning or issues identified were disseminated to the service staff by email or in team meetings.

- The local head of governance produced a monthly operational report and clinical governance report for staff. This included review of any incidents and learning, complaints, infection prevention and control, morbidity and mortality investigations, and any other updates on risk or quality. These minutes were also made available to the medical advisory committee (MAC) ahead of their meetings.
- The service had good links into the host trust's governance structures. The head of governance for Harley Street at Queen's attended the host trust's quality and governance meetings and safety summits to learn from their incidents and identify issues in joint areas of service delivery.
- The service maintained a risk register to identify and track risks to the service. A member of the senior team took responsibility for each risk and reviewed this as part of the service's clinical governance processes. Management had put action plans in place reduce the possibilities of risks occurring.
- There were processes in place to review morbidity and mortality issues relating to patient care. The general manager and head of governance and risk reviewed morbidity and mortality forms and cases were reviewed at the MAC if needed to ensure learning was shared with clinicians. The MAC also attended the host trust's morbidity and mortality meetings to establish if any issues arising related to Harley Street at Queen's patients.
- The service had a MAC quarterly attended by consultants from surgical and oncology specialities. The meeting also has representation from the host trust to discuss any issues in areas of collaboration, such as patients receiving treatment from both sites. Minutes from the MAC feeds into the local clinical governance meeting for the host trust, and are also provided to the HCA International Medical Director for oversight.
- The MAC did not have current representation in their attendees for medical specialities. This meant that issues arising from medical specialities may not have been provided with the same level of oversight as surgery and oncology. Following inspection, the service stated they would invite a consultant from this area to represent other medical specialities at the next available meeting

Public and staff engagement

- Patient satisfaction surveys were used to assess patient experience, and were reported and benchmarked against other HCA facilities on a monthly basis. However, there was a limited approach to obtaining the views of people who used the medical service and other stakeholders. In particular there was no specific cancer patient experience survey or specific inpatient survey relating to the medical service.
- The service conducted an annual regional staff survey. The latest available results related to 2016 and indicated 86% felt proud to work for HCA and 96% of staff said they felt committed to doing their best at work.

Innovation, improvement and sustainability

- Through partnership with the host trust, the service has improved the delivery of care to patients and supported improvement within the host hospital. The service has introduced machines to provide full blood count analysis for chemotherapy patients quicker, and this resource has been shared with the host trust pathology team. The service has also providing training in the use of portable catheters for patients need frequent or continuous chemotherapy.
- The service managers introduced The Comprehensive Unit-Based Safety Program (CUSP) for their staff, which was designed to improve and sustain a positive workplace approach to safety and risk. CUSP was developed by John Hopkins Medicine and supports staff to identify mistakes, report them appropriately, and improve the safety culture of the service.
- The radiotherapy department introduced deep inspiration breath-holds for patients in the last two years, and has been one of the leading centres in the UK to provide this technique for limiting radiation exposure to the heart and lungs during treatment. The service also provided support and expertise to other services wishing to introduce this to their patients, including to the host hospital.
- The radiotherapy team had developed a number of innovations to improve the patient experience of care. The team trialled a new method of monitoring movement of prostate tumours during treatment, which

meant more accurate targeting of tumours. The team had also utilised some new technologically to synchronise patient breathing with treatment during stereotactic ablative body radiotherapy (SABR) , which is a generally shorter course of radiotherapy. The radiotherapy lead for the service had also presented their findings on this work to the SABR UK consortium in 2015.

Good

Surgery

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

Information about the service

Harley Street at Queen's, part of HCA Healthcare UK, provides access to surgery in a dedicated ward at Queen's Hospital, which is part of Barking Havering and Redbridge University Hospitals NHS Trust. The service has 14 individual ensuite patient rooms for pre-operative preparation and post-operative recovery, as well as three consulting rooms for outpatient consultations and follow-up appointments. The service provided general surgery, neuro surgery and endoscopy. Spinal surgery, craniotomy and oncology tumours surgery form part of the specialist treatment services available. Services are primarily delivered to people living in North East London; however the service will accept referrals from outside the area.

Some services and facilities, including the operating theatres and endoscopy suites (and their associated staff), are provided by the host trust through service level agreements. As these facilities were not part of Harley Street at Queen's they are not covered in this report.

Between July 2015 and June 2016 the service provided 411 episodes of surgical inpatient care.

To arrive at our ratings we spoke with 14 members of clinical and non-clinical staff, ten patients and three of their family members, and nine other healthcare professionals that worked with the service. We reviewed patient records, risk assessments and audits and looked at the minutes of clinical governance meetings. Overall we rated this service as good.

Outpatient services relating to surgery are also covered in this report.

Summary of findings

- We looked at the service's arrangements for reporting, investigating, and sharing learning from incidents and found robust systems to be in place.
- The service had the appropriate mix of nursing and medical staff to meet the needs of patients, and could arrange for nursing bank staff to fill shifts when needed.
- We saw evidence in patient records that where risks had been identified in risk assessments the service put plans in place to minimise the impact on patient care.
- Staff provided care and treatment according in line with national best practice guidance of recognised organisations, including the National Institute for Health and Care Excellence (NICE).
- The service used a local audit plan to monitor and measure clinical standards and outcomes.The service audited patient outcomes and used a trend analysis as part of the internal governance process to review performance.
- There was a positive relationship between different healthcare disciplines in the service, which contributed to delivering more comprehensive care.
- Patients told us they felt treated with dignity and respect. and felt that staff were supportive and friendly. Feedback collected by the service from patients was also positive.
- The service had a number of service level agreements with the host trust that improved their access to specialist healthcare staff and equipment.

Good

Surgery

This included access to the trust tissue viability team, safeguarding, critical care staff, infection prevention and control, dementia nurses and learning disabilities leads.

- The service had a strategy in place for the future and this included expansion of delivery of care as well as further collaborative working with the host trust.
- Staff we spoke with stated that they enjoyed working at the service and morale was good. Staff also stated that management were supportive and accessible.
- The service had methods in place of assuring the quality of services provided by the host trust and used information to monitor and improve service and performance.

Are surgery services safe?

Good

We rated safe as good.

Incidents

- Since the service commenced in 2010 Harley Street at Queen's (HSQ) reported no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- HSQ services reported no serious incidents that met the reporting criteria set by NHS England between July 2015 and June 2016. More Information on number of incidents has been reported in more detail in the medical care service report.
- The electronic incident reporting system was linked with the host trust's comparable system. This enabled senior teams to monitor risks that affected the ward and the wider hospital environment. There was evidence of learning from incidents. For example, following an instance where a patient received an incorrect feed, the dietitian documented feeds on medicines administration records to ensure correct administration
- We looked at an incident that occurred shortly before our inspection that involved a delay in obtaining an urgent investigation. This resulted in a re-admission for a surgical procedure that could have been avoided. Senior clinical staff responded appropriately and had initiated a root cause analysis investigation. There was evidence the patient had been kept informed, had received an apology and communication according to the duty of candour.
- NHS teams working in the host trust hospital shared learning from incidents to help HSQ staff avoid similar issues. For example, following an incident in the host hospital of an incorrect blood glucose reading due to the incorrect use of equipment, the hospital's pathology team sent a reminder to all clinical staff about the correct protocols to use with specific equipment.

- Ward staff were invited to attend the patient safety summit held in the host trust hospital, which helped them to understand incident and risk management in other areas and share findings from incidents in the ward.
- All staff were trained in the principles of the duty of candour and a checklist was in place to ensure staff followed the process consistently. We looked at an incident in which staff had followed this. Documentation indicated the background to the problem and a copy of the communication sent to the patient. Staff set a time limit for duty of candour completion, usually within four weeks on completion of a root cause analysis.

Clinical Quality Dashboard

- A quality dashboard was produced quarterly to monitor the provision of harm-free care including through the monitoring of incidents such as pressure ulcers and falls. The clinical governance committee reviewed the dashboard quarterly and staff were involved in this through team meetings.
- A unit-based safety programme was launched in July 2015 to help the senior team identify safety issues and implement improvements to reduce the risk of harm. This involved monthly walk-arounds of the ward by the clinical governance lead and general manager, as well as regular input from staff. The programme had seven key areas of focus for safety monitoring and improvement, including falls prevention, information governance, infection control and surgical pre-assessment. At the time of our inspection improvements had been made and sustained in all areas. For example, a revised pre-assessment process meant the multidisciplinary team could plan more effectively for complications and improved personal protective equipment practice was embedded in the ward.

Cleanliness, infection control and hygiene

- Handwashing facilities and gel dispensers were available in each patient bedroom as well as at the entrance to the ward. During each day of our inspection we observed staff follow appropriate hand hygiene practice, including the bare below the elbow policy.
- Staff received training in the aseptic non-touch technique (ANTT), which reduced the risk of infections in the clinical environment. This was audited on a quarterly basis. In December 2016 the latest audit results showed 85% compliance with the ANTT.
- A dedicated housekeeping team was based on the ward and provided responsive cleaning and decontamination services seven days a week.
- We spoke with three consultants about infection control and hygiene standards. In each case they told us the environment was always clean and well maintained. Consultants said they had never needed to raise a concern about cleanliness or hygiene practices.
- HSQ staff attended the host trust's monthly infection prevention and control meetings to ensure issues that affected the whole building were communicated with the HSQ team.
- Between July 2015 and June 2016 there were no reported instances of methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (C.Diff) or Escherichia coli (E-Coli). The service audited compliance with MRSA testing on a monthly basis, against the standard that each patient should be screened on admission followed by a re-screen every seven days. Between January 2016 and October 2016, the ward achieved 92% compliance with this standard.
- As part of a daily safety briefing, staff documented a number of infection prevention and control measures including the disinfection of commodes and toilets and the cleanliness of utility rooms. Staff used 'I'm clean' stickers to indicate when an item of equipment had been cleaned as well as decontamination labels when toilets had been disinfected.
- A monthly infection control audit was used to assess compliance with policy guidance in 10 key areas including waste management, decontamination, medical device care and staff education. Between September 2016 and November 2016, the ward achieved an average of 94% overall compliance. An action plan had been implemented in response to findings, including the need for a commode-cleaning poster in the dirty utility room and the provision of World Health Organisation (WHO) hand hygiene posters above sinks. All four items on the action plan had been achieved by December 2016.

- Monthly hand hygiene audits took place on the ward. Between September 2016 and November 2016 the ward achieved an average 99% compliance. This included two months of 100% compliance and one month of 97% compliance. Where the result fell short of 100%, staff highlighted areas for improvement. In October 2016 this included enforcement of the bare below the elbows rule for visiting health professionals when they were in clinical areas.

Environment and equipment

- The ward provided 14 private patient bedrooms that could be used flexibly for surgical or medical patients.
- As part of a daily safety briefing, staff completed a seven-point safety check on each patient bedroom including the availability of equipment to care for patients in isolation, and availability of a nurse call bell. This check included emergency equipment such as the resuscitation trolley and a test of the electrocardiogram machine. Where faults were found, these were rectified before the room was occupied.
- Staff had access to the host hospital's security team who conducted regular routine walk rounds that included the ward, and were available for urgent support if contacted.
- There was room for improvement in the consistency of how hazardous waste was managed. For example, we saw a dirty sluice was unlocked and contained a cytotoxic sharps bin on the floor with the aperture open. This presented a sharps injury risk for anyone who accessed the room.
- A member of the facilities team conducted a daily environmental walk around of the ward to identify issues such as broken equipment or areas that required extra cleaning. We looked at the documentation for three walk rounds and saw where issues were highlighted, they were assigned to a specific department and the resolution date recorded. This enabled the service to maintain attention to detail in cleaning and environmental standards as it provided a focused assessment of all parts of the ward.
- Clinical staff used a daily equipment cleaning rota to document the cleaning of nine types of equipment on the ward, including the ultrasound machine and glucometers. We looked at the records for the three months prior to our inspection and found them to be completed consistently with no gaps in recording.
- Service level agreements were in place with the host hospital for the provision of equipment out of hours that the provider could immediately source themselves. For example, a contract was in place for the same-day delivery of pressure-relieving equipment but this could only be provided during the day. If ward staff needed this equipment out of hours, it was provided by the host hospital.
- Equipment and technician support was provided 24-hours, seven days a week by the host hospital. This included technician support from the blood laboratory that meant problems with equipment used for blood transfusions could be resolved quickly.
- A healthcare assistant audited mattresses monthly, including a check of the integrity and covers of foam mattresses. The audit was effective and had identified two mattresses in July 2016 that had insufficient foam depth and were therefore replaced.

Medicines

- Medicines were stored securely and in line with national guidance. This included controlled drugs (CDs), which were stored in a locked area with restricted access.
- An operations pharmacy manager and pharmacy manager led medicines management and were supported by a lead oncology pharmacist, a specialist clinical pharmacist and a team of technicians.
- Nurses had to complete a medicine workbook before they were able to administer medicine that included a competency check and supervision by a senior member of staff.
- Patient records included signed and dated prescriptions, documented allergies and venous thromboembolism (VTE) prophylaxis. In one record there was an omitted medicine dose that had no documented explanation. Our medical care and outpatient inspection teams also reviewed patient notes and overall medicine administration was consistent. We therefore did not consider this omission to be indicative of the overall standard of records.

- A new medicines management action plan had been implemented to improve the secure storage of medicines as part of the unit-based safety programme.
- Where medicines management issues or errors were identified, the service took action to improve processes. We saw evidence that the service altered standard operating procedure or provided staff training when issues were identified, and actions plans showed steps taken to reduce the risk of issues recurring.
- Treatment rooms were audited on a quarterly basis against 13 medicine safety standards, including the safe storage of controlled drugs, monitoring of drug fridge temperatures and a check of drug expiry dates. In December 2016 the ward achieved 100% compliance with this audit.
- The pharmacy team led a programme of 10 audits in HSQ. This included bi-annual antimicrobial stewardship, quarterly management of controlled drugs in clinical areas and monthly medicine safety thermometer recording. The latest medicine safety thermometer results related to June 2016. The results showed 100% of patients had their allergy status documented and 24% of patients had a critical medicine omitted in the previous 24 hours. The pharmacy manager looked at the reasons for each omission and found them to be clinically appropriate.
- The pharmacy manager assessed medicines reconciliation as part of quarterly medicine safety thermometer audits. This provided an additional quality and safety check as it assessed medicine reconciliation within 24 hours, in addition to the HCA standard audit of 72 hours. In June 2016 the audit showed 92% of patients had a documented medicines reconciled in the previous 24 hours. This was significantly better than the provider's target of 70%.
- The lead clinical pharmacist conducted a quarterly audit of CDs, including stock documentation, safe disposal and secure storage in line with national guidance. This audit demonstrated 100% compliance in 2016.
- The pharmacy team conducted a quarterly interventions audit to review incidents in which they had intervened in a prescription to prevent potential harm to a patient. The interventions were assessed for risk and severity and learning was disseminated to the ward clinical team.
- Between May 2016 and August 2016 there were 13 medicine errors. This included one discrepancy in the CD stock check and five incorrect prescriptions. None of the incidents resulted in patient harm and the pharmacy team increased medicine management and administration training for nurses as a result.

Records

- Staff completed two front sheets for each patient record; one for the host hospital and one for their own service. This met the governance needs of both organisations but increased the risk of human error in ensuring information was duplicated exactly onto both forms. To mitigate the risk the business team had undertaken additional training.
- We asked two consultants about their experience of patient case notes on the ward. Both individuals said they consistently found notes made by the resident medical officer (RMO) and nurses to be legible and of a high standard.
- At the time of our inspection only two surgical patients were being cared for as inpatients. We looked at the care records of both patients. Staff had completed risk assessments including for falls, malnutrition, pressure ulcers and VTE. In both cases there was evidence of a legible management plan and a consultant review within 12 hours of admission. Both records also included completed WHO surgical checklists and pre-operative assessments.
- A dietitian completed an audit of the WHO surgical checklist between January 2016 and June 2016. This found 90% overall compliance, which reflected monthly variation between 84% and 100%. Areas for improvement were highlighted in an action plan that included the need for more careful completion of each section of the checklist. The dietitian implemented monthly checking of the documentation to ensure on-going improvements.
- Risk assessments were completed within two hours of admission and repeated at intervals according to patient risk. For example, pressure area risk

assessments for patients not at high risk of pressure areas were assessed every four hours using a skin care chart. Patients at risk of pressure areas were assessed every two hours. Bleeding risk was assessed on an hourly basis.

- A senior nurse conducted an audit of nursing documentation in August 2016 in line with Nursing and Midwifery Council guidelines for good documentation. The audit found 94% compliance and an action plan was implemented to ensure nurses used the correct colour ink and signed and dated every entry.
- The matron, general manager and charge nurse completed a consultant review and documentation audit in September 2016 to assess medical records against 12 standards including evidence of a consultant review within 12 hours of admission and date, time and a signature against each entry. The audit found variable results, with 71% overall compliance. This reflected some areas of good practice such as 96% of records with a completed VTE risk assessment and 82% of records with documented past medical history. There were areas in which improvement was needed. For example, a daily consultant review was only evident in 37% of records and entries had a time in only 39% of records. In response the clinical director issued new guidance to all consultants and RMOs about the standard for reviews and documentation. This was re-audited in November 2016 and an improvement was found, with overall 88% compliance. This reflected 100% compliance in eight of the 12 standards and an improvement in three other standards. The legibility of notes decreased from 94% in September 2016 to 67% in November 2016.
- The December re-audit of documentation showed 100% compliance with the following documentation standards in comparison to November 2016: past medical history evidence, number of patients being reviewed daily by the RMO, and each entry being signed. Improvements were seen on the timing of entries (from 63.6% to 86.4%) and the number of patients being reviewed by a consultant daily (from 44.5% to 68%). The legibility of notes decreased from 66.6% to 59% and reasons for admissions documented decreased from 100% to 45%. However, this reflected 55% of cases in which it was felt not applicable to document this information. The medical director emailed the audit report to all the consultants. In addition to emailing the RMOs, the medical director or the matron informed the RMOs face to face.

Safeguarding

- Staff we spoke with knew the host trust's safeguarding lead and said they had regular access to support and guidance. A safeguarding link nurse based in the host hospital attended the ward's multidisciplinary meetings to provide refresher training and updates on policies.
- All ward staff had safeguarding training to level two for adults and children. The general manager and matron had safeguarding training to level three.
- Non-clinical staff had safeguarding training that enabled them to respond appropriately if they considered patients or visitors to be at risk. For example, if they knew a patient was considered to be vulnerable and an unknown person arrived to visit them, staff spoke with the nurse in charge on the ward before allowing them access.
- The service sometimes cared for VIP patients. Business office staff were trained to follow a policy that ensured members of the press did not gain unauthorised access to secure and clinical areas.
- All medical staff, including visiting consultants, were admitted to the ward only on presentation of appropriate identification to the duty receptionist.

Mandatory training

- The service provided mandatory training on a range of subjects through an online programme. Training records were maintained and monitored across the services. There were no separate arrangements for staff providing the medical and surgical service. Mandatory training is therefore reported in the medical care service report.

Assessing and responding to patient risk

- All members of staff had up-to-date basic life support and resuscitation training. In addition nurses had immediate life support training and RMOs had advanced life support training.

- Nurses and RMOs monitored patients using the national early warning scores (NEWS) system. This meant patients who were deteriorating were identified quickly and appropriate action taken according to the deteriorating patient policy.
- The ward participated in a unit-based safety programme. This was a multidisciplinary initiative that involved monthly walk-arounds by the executive team and consultants with the aim of identifying areas for improvement in patient safety.
- The senior sister conducted a pre-operative review of each patient prior to planned surgery and met with the consultant if they felt the patient was not medically fit for their booked procedure. This acted as an additional safety process to ensure patients were monitored up to their procedure time, so staff could take appropriate action if their condition had changed or deteriorated.
- The host hospital had a critical care outreach team (CCOT) available 24-hours, seven days a week. Ward staff had access to this team and could escalate the care of deteriorating patients or anyone they were concerned about. The CCOT service was consultant-led and included a team of 10 senior nurses. This team followed a clear trigger pathway for escalation from the HCA team. In addition, an anaesthetist was always available on call and the RMO could refer directly to them at any time.
- A service level agreement (SLA) was in place between the service and the host hospital's critical care unit. This meant patients could be cared for post-operatively in the intensive care unit (ICU) or high dependency unit (HDU) if they needed a higher level of recovery support. In addition an enhanced recovery clinical nurse specialist was available on-call and provided patients with one-to-one recovery support, including to the service and the host hospital's critical care unit. The SLA included a transfer protocol that enabled appropriately-trained nurses and the RMO to transfer patients directly from the ward to the ICU or HDU.
- Staff used the Braden Scale for predicting pressure ulcer risk for each patient to reduce the risk of pressure ulcers developing or worsening. Patients at risk of developing pressure ulcers were provided with a pressure relieving mattress and air cushion along with heel protection to help reduce the risk. Staff could also access the host hospital's tissue viability nurse for assessment if needed.
- Staff attended monthly service resuscitation meetings and the host trust's patient safety meetings. This ensured they maintained up to date knowledge of local and provider guidance.
- HSQ assured itself of the quality of performance from the host trust through processes which included several key performance indicators (KPIs); meeting minutes acquired from the trust for key meetings; observational checks; validation of WHO audits; joint meetings of surgeons and consultants working across both sites.
- For example, HSQ completed a monthly audit of host trust's compliance with the WHO checklist, and addressed any identified non-compliance directly with the trust. Between December 2016 and February 2017, the WHO check lists audit results showed completion rates of 97% in endoscopy, 100% in theatres and 100% in interventional radiology. The service regularly reported the audit results to the governance meetings. Similarly, the service had steps in place for the assurance framework for Endoscopy and Imaging.

Nursing and support staffing

- A team of 15 nurses and one healthcare assistant provided care at HSQ, led by a modern matron. Between July 2015 and June 2016, an average of 33% of nurse staffing was provided by agency or bank nurses. With the exception of June 2016, when bank or agency use was 15% of the total nurses, the rate was significantly higher than the national average for independent hospitals. Senior staff stated that the service did not use agency staff, and this figure related to shifts filled by regular bank staff.
- The senior team planned nurse staffing using a safety planning tool based on worked hours per patient. The planned nurse to patient ratio was 1:3 between 8am and 8pm and 1:4 from 8pm to 8am.
- The healthcare assistant provided clinical support to nurses and held responsibility for stock rotation of medicines and consumables.
- The nurse in charge led a daily safety briefing for the clinical and multidisciplinary team that helped plan care and treatment in the safest way possible.

Medical staffing

- Care and treatment was led by consultants who worked under practising privileges (the term used for health care professionals such as consultants who are authorised to practise in independent hospitals)

monitored by the general manager and medical director. This required the admitting consultant to be contactable 24-hours a day, seven days a week while they had patients in the ward. Consultants were responsible for ensuring cover arrangements were in place in the event of sickness or leave.

- An RMO was present on the ward at all times. RMOs worked on a one week on, one week off basis that helped to ensure continuity of care for inpatients. Overnight the RMO worked on an on-call basis and where a patient needed one-to-one medical care, the nurse in charge ensured a second RMO was provided. RMOs were present at daily nurse handovers and provided daily handovers to each consultant.
- All surgeons working at HSQ under practising privileges were also employed by the host trust, and operated in theatres of the on-site hospital. If a surgery patient deteriorated, the RMO for the service provided an immediate response and then referred to the on-call surgeon.
- Patients were admitted to the ward by consultants under specialist services, such as neurology and oncology. The admitting consultant assessed patients for medical fitness for surgery.
- All 110 doctors who had practising privileges at HSQ were at consultant level and registered with the General Medical Council. Of these, 24 were anaesthetists and 14 were consultants in general surgery.
- Consultants held up to date clearance from the Medical Advisory Committee (MAC), had undergone Hepatitis B vaccinations and held medical defence union insurance.
- HSQ reviewed practising privileges and activity annually. The local and corporate decision making groups reviewed practising privileges under an established 'responding to concerns' policy if concerns were raised with the quality of work of a consultant.
- Practicing privileges in place with the hospital to provide cover from surgeons, anaesthetists, physicians and radiologists at all times.

Major incident awareness and training

- We reviewed the HCA major incident awareness policy, training and fire safety arrangements. More information on major incident awareness for this service is reported under the medicine core service report.

Are surgery services effective?

Good

We rated effective as good.

Evidence-based care and treatment

- Staff provided care and treatment according to HCA policies that met the national best practice guidance of recognised organisations including the National Institute for Health and Care Excellence (NICE) and the Royal College of Surgeons (RCS). The medical advisory committee and clinical governance committee maintained a database of all policies to ensure they were reviewed at appropriate intervals and remained up to date.
- Arrangements to recognise and care for deteriorating patients was provided in line with NICE clinical guidance 50 in relation to acutely ill adults in hospital. In addition, staff provided follow-up for each patient in line with NICE clinical guidance 83 in relation to rehabilitation after critical illness.
- Staff assessed and monitored the risk of venous thromboembolism (VTE) in line with NICE quality standard three and clinical guidance 92 using regular risk assessments and VTE prophylaxis. The latest audit results from November 2016 indicated 100% compliance with VTE risk monitoring. Care, treatment and assessment for intravenous fluid therapy, the prevention of surgical site infections and pre-operative tests also followed NICE guidance.
- The ward had achieved UK Oncology Network accreditation through evidence of care and treatment benchmarked against national best practice guidance.
- Staff used a local audit plan to monitor and measure clinical standards and outcomes. The audit plan focused on areas highlighted by incidents and patient feedback and was in addition to the HCA audit plan. Local audits included the discharge process, use of the malnutrition universal screening tool, record keeping

and fasting. Improvements were made as a result of audits. For example, an audit in November 2016 found some national early warning scores had been miscalculated. In response the service implemented daily spot-checks by the nurse in charge and re-issued guidance to staff on the frequency of scores. To improve the discharge process, staff were reminded that to take away medicine must be prepared in advance and there must be documented evidence of a discussion with the patient.

- The audit plan for 2016/17 included 31 audits over eight specific areas including surgery nursing and physiotherapy.
- The clinical governance team used monthly meetings to review updates to best practice clinical guidance issued by NICE. This team and the quality lead also used monthly meetings to benchmark HSQ against other HCA services, such as in the results of patient satisfaction surveys.
- The ward sister conducted an audit of the effective use of the national 'sepsis 6' bundle between November 2016 and December 2016. The audit found staff followed the toolkit appropriately in all five patients who experienced sepsis. This included appropriate administration of intravenous antibiotics, the maintenance of fluid balance and an RMO-led review within one hour of the implementation of the bundle. The auditor disseminated the results during a staff meeting and by e-mail and issued a reminder to nurses and RMOs that the sepsis 6 bundle should be implemented when patient acquired an infection or when they triggered a national early warning score of four or above.
- Staff used an electronic 'vein to vein' blood tracking system during blood transfusions that enabled the procedure to be carried out in accordance with the latest safety guidance.

Pain relief

- An acute pain team including pain consultants was available on-call at all times. Patients had the option to see a pain consultant as part of their pre-admission and discharge meetings. This team provided printed information for patients as part of the pre-admission process, including a pain diary to help patients track their pain and medicine. The admitting consultant used this information to plan pain relieving medicine.
- We spoke with a patient about their pain relief. They said they felt it had been well-managed by staff and they had been given patient-controlled analgesia (PCA). They said, "Staff took time to show me how PCA worked and it was a really good idea, it eased my pain a lot."
- Senior nurses conducted a monthly pain audit using National Audit of Pain Services guidelines. This assessed how effective pain scoring was completed and documented by nurses. The audits demonstrated consistently good results, with three months of 100% compliance prior to our inspection.

Nutrition and hydration

- A senior specialist dietitian was dedicated to the ward and was a member of the HCA dietitian support network to help standardise practice between services. This member of staff attended daily handovers and multidisciplinary team meetings and supported patients to establish a discharge plan suitable for them. For example, nasogastric feeding plans, oral nutrition support and individualised plans for patients who had undergone gastrointestinal surgery. The dietitian also provided training and support for nurses on caring for patients with complex nutritional needs.
- The dietitian maintained links with a local NHS community health provider, which meant patients discharged from the service could be referred to community dietitians for ongoing support at home, including weekly reviews for chemotherapy patients and on-demand home visits for patients who received percutaneous endoscopic gastronomy (PEG) feeds.
- Nurses used the malnutrition universal scoring tool (MUST) to assess patients' nutritional risk on admission and to monitor this during their admission. Following previous inaccuracies in the completion of MUST found through audits, the dietitian had redesigned documentation to include body mass index chart and percentage weight loss guidance. Nurses monitored hydration using fluid balance charts. Nurse notes included a nasogastric tube placement feeding checklist

to ensure tubes were safely placed and risk assessed. In addition enteral feeding regime and parenteral nutrition prescription documentation was standardised with other HCA services.

- HSQ had a dedicated chef who worked with the dietitian to design individualised menus for patients. Nurses and healthcare assistants were trained to support patients with feeding.
- Therapeutic diets were available for patients, including gluten free options and menus based on the precautionary principles of no shellfish, no unpasteurised food and no unwashed salad.
- A nutrition support team, including a clinical nurse specialist, was available in the hospital and supported nurses when they had difficulties with PEG feed systems. This team also conducted PEG equipment training to ward staff and worked with the dietitian to train patients and families before discharge.
- Each patient received individualised healthy eating guidance on discharge based on national guidance including from Macmillan in providing 'building up' diet plans.
- Nurses conducted an audit of pre-operative fasting times in October 2016 to assess fasting against the recommended six hour period. The audit found some patients had fasted longer than necessary. As a result the dietitian had established new fasting guidelines and nurses provided patients with more information at the pre-assessment stage.

Patient outcomes

- Between June 2015 and July 2016 the service reported 23 expected deaths, which represented a mortality rate of 6%. This was worse than national comparable mortality data amongst other independent hospitals; however represented numbers of patients who had chosen the service as their preferred place to pass away.
- The service level agreement in place with the host hospital theatres met the requirements of the Royal College of Surgeons standards for unscheduled care. This meant where patients needed emergency surgery, they had rapid on-site access to this.
- The service audited patient outcomes and used a trend analysis as part of the internal governance process to review performance. Key performance indicators included surgical site infections, unplanned readmissions and unplanned returns to theatres. These data were audited monthly and overall performance considered annually.
- Between July 2015 and June 2016 the service reported no surgical site infections resulting from any of the 10 surgical procedures for which this is a reportable event. In the same period there were no unplanned patient transfers to another hospital, no unplanned readmissions and no unplanned returns to the operating theatre.
- HCA had submitted data to the Private Healthcare Information Network (PHIN) in accordance with the legal requirements regulated by the Competition Markets Authority (CMA) within the September 2016 deadline.
- Staff completed a quarterly pre-assessment audit of all surgery patients against eight audit criteria such as the completion of appropriate documentation and blood tests. In September 2016 and November 2016 audits showed 100% compliance with pre-assessment policy with the exception of one patient who did not have their height and weight recorded.

Competent staff

- Staff had access to a learning academy that enabled them to undertake specialist training in their area of interest as part of ongoing professional development. In additional, regular study days provided protected learning time.
- All staff received an annual appraisal from a senior member of staff. As at June 2016, 100% of staff at the service had undergone an appraisal in the previous 12 months.
- Nurses and healthcare assistants undertook a HCA corporate induction followed by a two week period of supernumerary supervision before they were assessed for clinical competencies and able to work unsupervised.
- Staff described their induction experiences positively and said they felt HCA supported them during their development. For example, each nurse had a meeting with their managers following completion of their

training to identify any remaining development needs and specialist training they wanted to undertake. This had included oncology training for one nurse who wanted to continue their surgical development.

- Nurses and healthcare assistants were cross-trained to care for both surgery and medical patients and undertook a range of specialist training in addition to the standard mandatory package. This included in patient-controlled analgesia, syringe drivers, blood transfusions, venepuncture, oral and intravenous medicine administration, wound drains and electrocardiogram monitoring.
- A clinical practice facilitator and the senior sister were responsible for providing education oversight and clinical competency assessments for each member of staff. This included pre-operative documentation and assessment training along with four observed practical assessments before nurses were able to complete this themselves.
- Non-clinical staff told us they were happy with learning and development opportunities. For example, one member of the business office team had undertaken extra training to manage patient insurance documentation as well as documentation in relation to outpatients, inpatients and radiotherapy.
- To facilitate individualised care in the last days of life, staff proactively attended palliative care training at the local hospice so patients and families were empowered to make decisions about end of life.

Multidisciplinary working

- All ward staff had undertaken training in palliative care and had access to the host hospital's palliative care team for patients with complex needs. Palliative care consultants were available on referral and provided 24-hour, seven day advice by phone.
- Endoscopy services were provided by the host hospital. A HCA nurse or healthcare assistant accompanied each patient to the endoscopy unit and remained with them during the procedure. After their procedure, a qualified nurse received a handover from a host hospital nurse before taking the patient back to the HSQ inpatient ward.
- A physiotherapist was based on the ward and provided pre-operative and post-operative support and reviews to patients. The physiotherapist assisted with discharge planning to ensure patients had an understanding of their rehabilitation needs after surgery.
- Consultants, surgeons and the RMO worked together to ensure patients were medically fit for surgery. For example, where a patient was referred for surgery by the oncology service, a consultant cardiologist worked with the service to assess patient safety due to the potential interaction between medicines and the need to consider the patient's pacemaker. This enabled multi-professional services to prepare a plan to help them deliver chemotherapy whilst managing heart rhythm problems.
- Specialist multidisciplinary reviews were readily available. For example, if a consultant felt a patient had been admitted under an incorrect speciality, they were able to obtain advice and input from the service they felt was more appropriate. This included input from consultant intensivists and support from specialist registrars in each service offered by the host hospital.
- A speech and language therapist (SaLT) was available on an as "required" basis to help patients with swallowing needs and provide training for nurses, such as on using thickener for food and drinks. The SaLT completed a pre-operative assessment for head and neck patients and worked with the dietitian and radiotherapy nurse to plan complex care.
- A tissue viability nurse was available in the host hospital to support patients admitted with pressure ulcers or where staff identified risks of them developing. A medical photographer was also available and worked with the ward staff and tissue viability nurse to accurately record pressure areas to track the effectiveness of treatment.

Seven-day services

- Surgery was performed seven days a week, including major surgery at weekends. An emergency theatre list was in place that meant procedures could be performed at any time.
- The critical care outreach team at the host trust was available on-call 24-hours, seven days a week.

Good

Surgery

- Consultants were available 24-hours, seven days a week on call and an anaesthetist was always available in the hospital.
- An SLA was in place with the hospital to provide cover from surgeons, anaesthetists, physicians and radiologists 24-hours, seven days a week. In addition an emergency theatre list was available through the theatre manager with access to 90 consultant surgeons.

Access to information

- Inpatients at HSQ were registered on the host trust's electronic patient records system to enable them to access diagnostic imaging, theatres and other services. The patient's host hospital number was recorded on all HSQ documentation and business office staff were able to register them with the host hospital. Provision had been made for agency or temporary staff to be able to do this and a member of business office staff was on-call out of hours to support clinical staff to register patients. This meant both HSQ and NHS clinical staff could review patient notes and test results, which reduced the possibility that treatment would be delayed.
- Regular records audits took place and in the 12 months prior to our inspection no patients were seen without appropriate paperwork and records available in advance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff undertook Mental Capacity Act (2005) training as part of their safeguarding training and senior members of staff were trained in the use of the Deprivation of Liberty Safeguards (DoLS).
- A DoLS flow chart provided staff with guidance and caring for patients with reduced or deteriorating mental capacity, including liaison with the local authority and arranging a best interest decision meeting.
- Staff documented consent to care and treatment at the pre-assessment and pre-operative stages and we saw this was documented and signed.
- A consultant or RMO completed a do not attempt resuscitate (DNAR) for patients on discussion of their end of life care wishes. DNAR status was documented accurately in the records we looked at and was included in mortality review meetings.
- Staff had support from the hospital safeguarding team to refer patients to an independent mental capacity advisor where there was a concern about their mental capacity and they did not have immediate family or a carer.
- All of the patients we spoke with said they had been asked for consent by the surgeon when they had their pre-operative discussion. Both the surgeon and patient had signed consent forms in the patient records we looked at.

Are surgery services caring?

Good

We rated caring as good.

Compassionate care

- All of the patients we spoke with were positive about their experiences in the ward. One patient said, "I was really apprehensive about my procedure but the nurses worked their magic and put me at ease very quickly. I had some complications after my surgery and got upset but the nurse was exemplary and spent some time with me." Another patient said, "Everyone has shown lots of compassion and been very reassuring."
- Patients told us they felt treated with dignity and respect. One patient said, "I noticed that whenever they're [doctors and nurses] examining me they close the door and only uncover me as much as they need to." Staff were trained to deliver care and treatment in line with the HCA privacy and dignity policy.
- Prior to our inspection the service collected feedback using CQC comment cards. All 20 of the completed cards included positive feedback. One person wrote, "Each visit we were treated with care and respect. All staff were very respectful and understanding. That care and respect was also extended to those who provide support to their partners." Another person commented, "Excellent service. I have been kept informed about every step of my treatment. The staff are amazing, very professional, friendly, warm and demonstrate empathy. I work in healthcare and I could not find any fault with the way I have been treated. There is nothing bad that I have identified."

- A senior member of staff conducted a daily review of all inpatients that included asking each patient and their visitors about their care and experience. Senior staff used this feedback as a process of live monitoring to ensure patients were satisfied and felt their needs were met.
- An externally contracted organisation collected patient feedback data over time and prepared trends and themes for HSQ. Between January 2016 and June 2016 patient participation in the survey varied from 74% in June 2016 to 91% in May 2016, with an average response rate of 83%. In this period patients who responded they were satisfied with their care remained consistently high, with an average of 96% that included a 100% result in February 2016. The provider used this information to benchmark patient feedback between services and with other sites. For example, in October 2016 HSQ performed similarly to, or better than, other HCA sites for all nine key markers in the patient survey such as in patient confidence in nursing care and the overall quality of care. Trends were identified to monitor how well improvements were working. For example, following the implementation of a new discharge process, an increase of 13% was seen in the number of patients who rated the discharge experience as excellent.

Understanding and involvement of patients and those close to them

- Staff had involved patients in improving their own safety. For example, they noticed patients sometimes experienced a fall but they had not called a nurse for help to mobilise. When staff asked them about this a common response was they didn't want to disturb nurses. To overcome this, staff printed a poster for each bedroom that reminded patients to "Call not fall!" to encourage them to call a nurse whenever they needed help.
- Patients we spoke with said they felt involved in the treatment process and planning. One patient said, "I've had a comprehensive explanation of the operation and the doctor told me all about the risks." However, patients did not always feel involved in the discharge planning process. For example one patient said, "I'm having my procedure today and I think I'm going home tomorrow morning although no-one has discussed this with me." Another patient said, Yes I feel involved in my discharge. It's been delayed a couple of times but I know why and I think they've [staff] done a really good job at keeping me up to date." One patient said, "I felt fully informed by the doctor and the nurse. They told me all about things that could go wrong and what they would do if that happened."
- Patients told us they felt involved in their care by the physiotherapist. For example, one patient had undergone spinal surgery and said the physiotherapist had worked with them to plan rehabilitation exercises and movements they could do safely at home after they were discharged.
- Staff demonstrated dedication to empowering patients, their families and carers. For example, discharge plans were individualised and completed with appropriate multidisciplinary input such as from the physiotherapist, dietitian and speech and language therapist. Each health professional provided support with a view to enabling individuals to take charge of their own care and recovery at home, with ongoing support when needed.

Emotional support

- A psychologist was available on the ward on a weekly basis and provided support to patients, relatives and staff. Any member of the medical team could refer patients and relatives to the counsellor and staff were given time for this on request or when the senior team felt they would benefit from it. Staff proactively encouraged patients to use the counselling service and 21 patients had been referred and seen in the three months prior to our inspection. Patients also had access to complementary therapies, including massage, aromatherapy and reflexology.
- Patients and relatives had access to the hospital's bereavement suite and ward staff provided them with a bereavement book that helped people understand what to expect and how to access emotional support services outside of the hospital.
- All of the staff we spoke with demonstrated how they provided emotional support. For example following the death of a patient a consultant invited their family members back to the unit to talk about their experience and referred them to a counsellor.

Good

Surgery

- All staff were trained to speak with patients and relatives sensitively in relation to medical treatment and the anxiety they could feel during treatment. For example, after the death of a patient, their family member spent time with a member of the business team who helped them come to terms with the situation. This member of staff said, "They still pop up and see me for a chat when they're in the hospital, I think it helps to have someone to talk to whenever you need it."
- A multi-faith chaplaincy service was available 24-hours, seven days a week.

Are surgery services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- An admissions policy was in place that meant patients were only accepted if the service was confident their needs could be met. This typically excluded women who required termination of pregnancy, acute trauma patients, patients with complex mental health needs and those under the age of 18. Patients with a secondary diagnosis of a mental illness could be admitted if the consultant and senior nurse were able to ensure their needs could be met during treatment.
- Services were provided to make visiting relatives more comfortable. This included catering services and facilities to stay overnight, including portable beds that could be used in patient bedrooms. The ward had a family unit that consisted of two bedrooms joined together. This meant the patient could sleep in one side and there was a bed for relatives in the joined room along with an en-suite bathroom.
- Processes were in place that enabled children to visit relatives on the ward, including during end of life care. Staff were trained to provide targeted support to children and had resources to help them make memories of their family member, including drawing supplies and photographs.

Access and flow

- Theatre services were provided through a service level agreement with the host hospital for up to 30 hours per week. Ten surgical specialties were provided, including oncology, gastroenterology, neurosurgery and colorectal surgery.
- Patients undergoing surgery were initially assessed in the out patients unit and then booked their procedure with the theatre team through the business office. The outpatient service provides patients with consultation, pre-assessment appointments and follow-up support for oncology, surgery, and various medical specialities. The service treats private healthcare patients, but also provides access for NHS patients as part of a collaborative working relationship with the host trust. This includes access to chemotherapy and radiotherapy services.
- Patients can be referred by GP, by a consultant with admitting rights, or by the host trust. Staff informed us that most patients will be offered an appointment within 48 hours; however they could also provide emergency appointments if patients needed urgent consultation. Patient administration officers book in patients appointments depending on availability in clinics. Some staff and patients informed us that consultants have set days for appointments which means some limits on patient choice; however they will accommodate the patients preferred time wherever possible.
- The majority of outpatient work at HSQ was oncology pre-assessment and follow up appointments with consultants. Consultants met with patients for an initial discussion on treatment and to obtain consent. The service also had access to the computer systems of the host trust, which meant they could easily access information on other treatment the patient may be receiving. Consultants were also able to access support from Clinical Nurse Specialists and Allied Health Professionals from the host trust to provide expert advice and support if needed.
- The service had an exclusion criteria for some patient groups, and there was an admissions policy covering the outpatients department. Patients that were part of the exclusion criteria included women requesting termination of pregnancy, acute neurological/trauma patients, obstetric patients, mental health patients, patients for long term rehabilitation, and children under

the age of 18 years. Patients with a secondary diagnosis of a mental illness could be admitted if the consultant and senior nurse were able to ensure their needs could be met during treatment.

- The service reported that 81% of outpatient attendances was for oncology. The rest of the outpatient attendances included haematology (6%), various surgical specialities (7%), and other medical specialities (6%).
- The patient attended the ward five days prior to the procedure for a pre-operative assessment that included a discussion of their expectations. This enabled staff to provide them with any important preparation information. Patients were admitted to the ward on the day of their surgery to enable staff to monitor their preparation and ensure they were fit for the procedure.
- Between July 2015 and June 2016, HSQ cancelled five procedures for non-clinical reasons. This represented 1% of the total booked procedures and in each case patients were offered another appointment within 28 days. The service did not have any outpatients appointments cancelled within the past 12 months that were not due to patient choice. Outpatient staff we spoke with stated that cancellations were rare, but when they would happen patients would be rescheduled at their convenience.
- Following discharge from the service, patients received a mandatory follow-up phone call from their consultant to check on their recovery. Patients that were experiencing complications or needing more information could be given time to discuss their treatment with a consultant, or an appointment could be arranged for review. Inspectors observed a call from a patient needing reassurance and noted the consultant making arrangements for the patient to be seen at the next available clinic.
- The service maintained contact with patients following discharge to monitor recovery. Oncology patients were followed up for up to five years depending on the nature of the illness, while surgery patients would have a routine follow-up appointment between six to eight weeks after surgery. These arrangements were clearly detailed in the service's discharge policy. Review of patients records showed evidence of consultants communicating information on the patient's treatment to their GP.
- Inspectors reviewed policies relating to the outpatient clinic standard operating procedures, and discharge planning policy, and found both documents to be in date.

Meeting people's individual needs

- Staff maintained an awareness of the diverse needs of patients and used this understanding to provide a range of printed information from national specialist organisations. For example, staff found patients often had questions about sex and relationships after cancer treatment and had sourced a specialist guide for this.
- During our observations we saw staff responded promptly to patient call bells. We asked four patients about this who told us they felt staff responded quickly whenever they needed something. One patient said, "I woke up uncomfortable at 3am and the nurse made me a cup of tea and came and sat with me until I felt ready to go back to sleep. It's little things like this that have made me feel so welcome here."
- A dementia link nurse was in post who attended training updates and multidisciplinary meetings with HSQ and the host hospital. In addition a dedicated dementia care pathway was in place that meant where a patient with dementia was admitted, they were cared for by the same nurse for the duration of their stay. This helped to provide them with a more stable and predictable environment. A dementia clinical nurse specialist was available on-call in the hospital and could work with HSQ nurses as part of the dementia care pathway.
- The ward had a follow-up policy that meant a ward clerk would call each patient 72 hours after discharge to find out how they were feeling and answer any questions they might have. A nurse completed an audit of the policy in October 2016 and found 72% of discharged patients received a follow-up call. To improve this, new discharge paperwork was introduced that included a checklist for the ward clerk to ensure a follow-up call was scheduled. This was due to be re-audited in December 2016 to ensure it had improved the rate of calls.
- The senior specialist dietitian offered a phone support service after discharge. This meant patients and their relatives could contact the dietitian for advice on appetite and buying appropriate food and nutritional supplements.

Good

Surgery

- HSQ provided a range of additional services to ensure the needs of patients were met. This included spiritual support, language and interpretation services, complementary therapy and catering services responsive to religious and cultural needs.
- Staff liaised with social services and psychology services to help plan discharges for patients with complex needs, including in relation to adult social care.
- Where patients deteriorated or needed palliative care, staff supported them with an individualised end of life care plan in line with the provider's care of the dying patient policy.
- Chaperones were available for patients on request and staff who provided this service had undertaken training.
- Staff had training and access to resources to help them care for patients living with learning disabilities or dementia. The ward used the dementia 'butterfly' scheme that enabled staff to discreetly indicate when a patient was being cared with this condition so adjustments could be made to communication and how staff approached them.

Learning from complaints and concerns

- Between March 2016 and June 2016 one complaint was received in relation to surgery services. The complaint was not referred to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and was resolved locally. There was evidence of learning from the complaint, including more proactive communication from staff when there was a delay in a planned surgical procedure.
- The provider complaints policy was readily available in the ward and each patient received a copy as part of their pre-admission information. The policy included a standard that a member of the senior team would respond to a written complaint within two working days and complaints would normally be resolved within 20 working days of receipt.
- Staff were trained to handle complaints locally as a strategy to resolve any immediate concerns raised by patients or visitors. The general manager and matron would lead the investigation in the event of a formal complaint. Clinical governance processes were in place to ensure complaints were reviewed by appropriate staff, including the chief executive officer and provider executive group. This group used quarterly clinical operating reports and quarterly integrated governance reports to review formal complaints and informal complaints documented by ward staff.
- There was evidence the service identified learning from complaints and implemented changes as a result. For example, the post-surgical pathway for day cases was updated to include proactive contact between ward staff and theatre staff to include an estimate of the finish time of the procedure. The updated pathway ensured relatives were kept informed when waiting for patients, which had been an area raised as a complaint by a relative. In addition, a new discharge checklist had been introduced that meant patients always received discharge instructions.

Are surgery services well-led?

Good

We rated well-led as good.

Leadership and culture of the service

- A general manager led the service, supported by a modern matron, a senior sister and a charge nurse.
- The nature of the unit meant permanent staff worked regularly with the host hospital's specialist teams and consultants who visited daily or more frequently depending on patient need. We spoke with a range of visiting health professionals and asked them about the working culture and leadership. One consultant said, "The standard of nursing is very good. There's clearly a good degree of training and leadership and as a result my patients are happy and well looked after."
- All of the staff we spoke with spoke positively about the ward. One nurse told us, "Morale is high and part of this is because the ward manager and matron are so approachable. You can go to them with anything and they'll make time for you." A member of the business team said: "This is a very positive place to work. We get on as a whole team and we get to know patients very well. It feels like a family environment." This was reflected in a zero level of sickness for nurses and healthcare assistants between July 2015 and June 2016. Staff turnover in the same period was worse than the

national average for independent hospitals, at 22% for nurses and healthcare assistants. However, this represented a significant improvement on the preceding 12 months when turnover was more than double the rate for this period.

- We spoke with host hospital staff who regularly worked with the HSQ team. For example, the critical care outreach matron told us the relationship between HSQ staff and host hospital's staff helped to keep people safe and meant patient needs were responded to quickly. This included clearly-defined links between areas of responsibility and a culture of mutual respect that meant staff worked well together as a team despite being employed by different providers.
- The senior team ensured staff had access to emotional support and flexibility to enable them to achieve a work/life balance. This included access to counselling and time off to attend patient funerals where appropriate. In addition all staff had the option to request flexible working.

Vision and strategy for this service

- Staff worked in accordance with HCA's mission statement and corporate values. In addition the HSQ team had established their own vision and set of values for the service. This included demonstrating kindness, compassion and integrity and contributing to the strategic framework of delivering high quality care and driving forward operational excellence and innovation.
- The HCA strategic overview for 2016 included eight key goals that included improving access and convenience and delivering high quality patient care through multidisciplinary working and consultant engagement in a safety programme.
- The clinical governance lead planned to introduce a patient safety summit to the ward's governance structure to replicate the host trust's approach.
- As part of the provider's annual quality account, the service identified quality objectives for the year ahead. For 2016 these were to develop comprehensive service lines, particularly in relation to targeted brain treatment in neurosurgery and developing the haematology service and to develop future leaders in the workforce.
- As a strategy to improve the results of local audits and to develop nurse skills, the senior team planned to introduce a broader programme from January 2017 that would involve every nurse and healthcare assistant developing and leading their own audit.

Governance, risk management and quality measurement

- The service was part of HCA Healthcare UK Joint Venture South division. The service was overseen by a senior team including a chief executive officer and a head of governance along with a chief financial officer and chief human resources officer. The head of governance was supported by a quality lead and regulatory compliance lead.
- A medical director and medical advisory committee (MAC) were responsible for clinical governance. This included quarterly MAC meetings and clinical governance committee meetings. A series of eight other meetings took place monthly or quarterly that helped to ensure consistent clinical governance processes maintained a safe and effective service. This included monthly operational report meetings, divisional risk and compliance meetings and monthly governance team meetings. Three consultant general surgeons, two consultant neurosurgeons, two consultant clinical oncologists, a consultant anaesthetist, a consultant urologist and a consultant radiologist formed the MAC.
- The MAC had identified a need for improved access to theatre and radiology.
- Risks associated with radiation therapy were managed through four key processes. These included quarterly HCA radiation protection committee meetings, HCA joint venture radiotherapy compliance and risk meetings, quarterly trust radiation protection committee meetings and physics team meetings.
- Consultants were not routinely involved in clinical governance processes but two individuals we spoke with said they were able to attend meetings on request or where a medical case needed to be reviewed or an incident discussed.
- The service was awarded Oncology, Risk and Safety, Leadership and Corporate Management accreditation by Comparative Health Knowledge Systems (CHKS) and ISO 9001 Quality Management in June 2016.

- There was evidence the clinical governance structure was fit for purpose and resulted in positive change. For example, a new clinical governance lead had recently joined the service. As part of their new post this individual conducted a risk assessment of the ward environment and found risks associated with confidentiality and information governance. As a result new standards of records management were introduced, included monitoring of secure storage.
- The service maintained a risk register to identify and track risks to the service. A member of the senior team took responsibility for each risk and reviewed this as part of clinical governance processes. At the time of our inspection there were no known risks that applied specifically to surgery services. However, a risk that patients who were cared for with other providers would not receive an optimum level of multidisciplinary input had been identified for all patients on the ward. This risk had been addressed by the inclusion of HSQ patients in the host hospital's multidisciplinary patient reviews. A second risk related to potential delays in referrals to radiology services. To address this a new referral pathway had been implemented that enabled the RMO to escalate patients to the hospital's radiology services for rapid assessment.

Public and staff engagement

- The matron and ward manager led a monthly meeting that included all staff to discuss governance and audit issues, incidents and complaints. Staff told us they found the meetings informative. One nurse said they felt discussion of audits were particularly helpful in keeping them up to date with best practice. Nurses told us they felt comfortable using the meetings as a forum to raise any concerns as well as good practice.
- Staff told us they felt listened to by the senior team and felt they could give feedback at any time that would be considered. The senior management team had a demonstrable commitment to engaging staff and ensuring they were passionate and rewarded for their work. This included team events to boost morale and the advocacy of an open-door policy for the whole senior team.
- The senior team had implemented a 'you said, we did' display board in the staff room to allow staff to track how their feedback had been responded to. In addition, this team actively sought to engage staff in the unit-based safety programme. To achieve this they publicised the programme to staff and encouraged each individual to come forward with any concerns about quality or safety as part of a blame-free culture.
- The service had improved the pre-assessment process following patient feedback. This included the introduction of a pre-assessment pack that included information specific to their planned surgery and staff sent this out further in advance to help people prepare.
- Prior to our inspection we asked the service to collect feedback using CQC comment cards. We received several completed cards from members of staff. One surgeon wrote, "This is an excellent service. I have been using HSQ to provide private practice for four years. I find the staff extremely professional and all my patients have been complimentary of the service they provide. They are very responsive to any suggestions and it is a very nice place to work." Another member of staff commented, "I am so proud to work for the team at HSQ. I am always happy to come to work and look after my patients and their families. I would only ever bring my family here if I needed the best care for them. It feels like my family."
- The provider monitored patient feedback data on an annual basis against seven standards as part of a 'turning patients into advocates' programme. This measured patient satisfaction against quality standards such as admission and discharge processes, nursing care, pain management and catering. Data for 2016 indicated over 80% of patients rated the service as excellent or very good and up to another 15% rated the service as good for all seven standards.
- The service conducted an annual regional staff survey. The latest available results related to 2016 and indicated 86% felt proud to work for HCA and 96% of staff said they felt committed to doing their best at work.

Innovation, improvement and sustainability

- RMOs were actively involved in research, including in research fellowships and the provider encouraged professional development, including support to progress to consultant level.

Good

Surgery

- Developing future leaders and the workforce was a key aim of the provider's strategic framework. This included through effective succession planning and supporting staff to develop.
- Staff were rewarded for their work through an 'employee of the quarter' scheme and a rewards and recognition programme.

Outstanding practice and areas for improvement

Outstanding practice

- Managers told us that staff had transformed the chemotherapy unit so that a dying patient was able to host their wedding ceremony, and accommodate 25 guests. We saw photographs of the transformed room and noted that the event had been commended by the chief executive officer of the hospital and the organisation. The service also provided patients who are too ill to return home with opportunities to celebrate birthdays in the service.
- The radiotherapy department introduced deep inspiration breath-holds for patients in the last two years, and has been one of the leading centres in the UK to provide this technique for limiting radiation exposure to the heart and lungs during treatment. The service also provided support and expertise to other services wishing to introduce this to their patients, including to the host hospital.

Areas for improvement

Action the provider SHOULD take to improve

The provider should also ensure that:

- There is representation on the Medical Advisory Committee for other medical specialities.
- The provider should consider ways to ensure that patients are effectively informed of the counselling and other therapies services that are available.