HCA International Limited

The Princess Grace Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Our rating of this overall location improved to good. Our rating of surgery stayed the same. It was rated good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- We observed staff sharing disposable warming jackets used in theatres, which presented a cross-infection risk for patients as they were for single use only. The hospital stressed this was not usual practice, and had not resulted in any cross-contamination related infections or surgical site infections. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them of the correct use of theatre overalls.
- Not all staff were able to articulate what had been learned from incidents they described, or what they would do if a similar incident occurred in future.
- Not all clinical staff were aware of what the term duty of candour (DoC) meant.
- Patient temperatures were not consistently documented intra-operatively every 30 minutes in line with NICE guideline CG65: Hypothermia prevention and management in adults having surgery. Following inspection, we were provided with evidence that the temperature was monitored via finger probe but had not been documented correctly. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them of the importance of documenting temperatures throughout the patient journey.
- There was insufficient evidence to show that patients were being encouraged to drink fluids up to two hours before their operation to prevent issues such as dehydration, headaches and nausea. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them to do so, and appropriate actions were identified to ensure this would improve.
- Not all staff were able to describe what they would do if they suspected a patient lacked capacity to make a decision.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the largest core service provided at this location. Our rating of surgery stayed the same. We rated surgery as good.

Summary of findings

Contents

Summary of this inspection

Background to The Princess Grace Hospital

The Princess Grace Hospital is operated by HCA International. It opened in 1977. It is a private hospital in London with 127 beds. Facilities include eight operating theatres, a nine-bedded critical care unit, and an urgent care centre, as well as outpatient and diagnostic facilities. The hospital primarily serves patients with healthcare insurance or self-funding patients. During the COVID-19 pandemic, the hospital signed a contract with the NHS to provide system-wide support, including forming part of the London Cancer Support Network.

The hospital provides surgery, medical care, urgent care, outpatients and diagnostic imaging. The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Services in slimming clinics
- Surgical procedures
- Treatment of disease, disorder or injury

The hospital has been inspected three times previously, with the most recent inspection taking place in February 2018. There were no outstanding enforcement actions from this inspection.

On this occasion, we inspected Surgery using our comprehensive inspection methodology. The hospital provides day case surgery and inpatient care for private or international patients. The service offered a range of different surgical specialities, including orthopaedic, urology, colorectal, gynaecology, breast and ear, nose and throat (ENT). There were eight operating theatres on two floors with a recovery area on each floor. The inpatient wards for surgical patients were located on the second, fourth and fifth floor. The wards provided 24 hour, seven days a week care.

Activity (June 2020 to May 2021):

- There were 3662 inpatient and 4525 day case surgical patients treated at the hospital; of these 15.5% were NHS-funded and 84.5% other funded. The hospital worked with local NHS trusts as part of the national arrangement with independent healthcare providers during the COVID-19 pandemic.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 8 and 9 June 2021. We gave staff 48 working hours' notice we were coming to inspect to ensure the availability of senior staff.

During the inspection, we visited the operating theatres and recovery areas on both floors and the surgical wards. We spoke with 33 staff including registered nurses, health care assistants, operating department practitioners, medical staff and senior managers. We spoke with three patients and reviewed 10 sets of patient records.

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

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- During the last inspection, we found venous thromboembolism (VTE) forms were not always completed but the hospital had focused on ensuring this was no longer an issue. The hospital had been awarded VTE Exemplar centre status for their efforts in VTE prevention in 2021. VTE Exemplar centres form a network of hospitals that have an existing track record of excellence in VTE prevention and care, and offer practical support and advice to other centres by sharing their resources, as well as collaborating on clinical research into VTE prevention.
- The hospital had taken an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support.
- The hospital collected a wide range of accurate data and completed a range of meaningful audits in order to drive improvement, with members of staff taking ownership of results and improvements as audit champions. The hospital had been awarded the national joint registry (NJR) quality data provider award for 2019/20, indicating data submitted was complete and of good quality.
- In 2020, the breast unit was a finalist in a national awards scheme for their efforts to enhance patient dignity, by providing a bespoke prosthetic bra fitting service for their patients, including those from abroad who may not otherwise have access to such resources. The unit also operated a scheme that took donated bras from the local community and recycled these for charity.
- The breast unit had created a memory box programme to support patients with a terminal diagnosis, as well as developing resources to support parents to discuss cancer diagnoses with younger children.
- The hospital continued to invest in and use robotic surgery. They had developed a robotic strategy and governance framework to train surgeons in this area, and had recently been selected as a case observation centre by the manufacturer of the machinery used to undertake these surgeries.
- The hospital used an innovative wire-free surgical guidance system to help surgeons locate the cancerous and abnormal breast tissue. This technology was less restrictive after placement and was also more precise in locating the tumour and its boundaries, which also meant less unneeded tissue removal took place.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure theatre staff follow local guidance on the use of disposable warming jackets. (Regulation 12)
- The service should ensure staff are aware of learning from incidents and what they would do if a similar incident occurred in future. (Regulation 12)
- The service should ensure all staff are aware of the duty of candour (DoC) requirements. (Regulation 20)
- The service should ensure that patient temperatures are consistently documented intra-operatively in line with NICE guideline CG65: Hypothermia prevention and management in adults having surgery. (Regulation 12)
- The service should ensure that patients are encouraged to drink fluids up to two hours before their operations. (Regulation 12)

Summary of this inspection

- The service should ensure all staff are aware of what to do if they suspect a patient lacks capacity to make a decision. (Regulation 11)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

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

Mandatory training topics included: health and safety, privacy and security manual handling, infection control, safeguarding, fire safety, code of conduct, information governance, equality and diversity and basic life support. The majority of staff compliance rates ranged from 95% to 100% against a hospital target of 85%. Staff compliance with mandatory training was monitored through an electronic platform, which alerted managers and the staff member when training was due, or new training requirements were added.

Safeguarding

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

All staff completed safeguarding adults and children training appropriate to their role. The safeguarding lead had completed level four children and adults safeguarding training. Processes were in place to provide appropriate safeguarding supervision for all staff. Safeguarding information was displayed in all ward areas, alongside safeguarding resource folders that included information on modern slavery and domestic violence. The hospital had taken an innovative approach in helping staff to identify and respond to domestic violence, with a clear process in place to ensure those at risk were signposted to specialist services for immediate support. Staff we spoke with knew how to escalate safeguarding concerns and demonstrated awareness of safeguarding issues, including female genital mutilation (FGM).

Cleanliness, infection control and hygiene

Good

Surgery

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

The service took appropriate measures to reduce the risk of COVID-19 transmission. This included regular testing of both patients and staff, social distancing within the hospital, and use of appropriate personal protective equipment (PPE). Cleaning schedules and audits indicated good compliance with infection prevention and control policies and procedures, with appropriate actions taken where any issues or omissions were identified. The hospital had not reported any surgical site infections since 2019. However, on inspection we did observe staff sharing disposable warming jackets used in theatres, which presented a cross-infection risk for patients as they were for single use only. The hospital stressed this was not usual practice, and had not resulted in any cross-contamination related infections or surgical site infections. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them of the correct use of theatre overalls.

Environment and equipment

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

Issues found at our previous inspection with storage above shoulder height in the CSSD (central sterile services department) and theatre doors not closing properly had been resolved. The hospital had the relevant emergency resuscitation equipment located on corridors on each theatre floor and on all surgical wards, checked daily. Difficult intubation trolleys were available for each of the theatre floors. We saw evidence to show equipment testing of all necessary items had taken place, with maintenance contracts to ensure continuity. Issues found at the last inspection regarding cross contamination of equipment and movement between theatres had been added to the risk register and controls were in place to manage them. At the time of inspection, there was work being undertaken improve ventilation within theatres. There was a long-term plan to improve all of the theatres and ensure each had its own anaesthetic room, including moving the CSSD to a neighbouring hospital to create much needed space in the lower level theatres to improve patient flow.

Assessing and responding to patient risk

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

The hospital had a pre-operative assessment team which provided advice and information to patients prior to their surgery, including tests and screening. Appropriate admission and exclusion criteria ensured all patients admitted fell within the scope of practice of the hospital. Patient records included risk assessments for falls, malnutrition, acute kidney injury, skin integrity and venous thromboembolism (VTE). During the last inspection, we found VTE forms were not always completed but the hospital had focused on ensuring this was no longer an issue. The hospital had been awarded VTE Exemplar centre status for their efforts in VTE prevention in 2021. The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm. Staff identified and quickly acted upon patients at risk of deterioration and sepsis. Patients' clinical observations were recorded and monitored using a scoring system known as a national early warning score (NEWS-2) to identify patients

whose condition was at risk of deteriorating. The electronic system automatically calculated the early warning score, when a certain level was reached the on-call resident medical officer (RMO) was automatically informed and would review the patient. Staff could also call the RMO or critical care outreach team if they had concerns relating to a patient's condition. There was a process in place for patients who required urgent transfer to other centres.

Nursing and support staffing

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

Staffing levels were compliant with recommendations from the Association for Perioperative Practice (AFPP) and Royal College of Nursing (RCN) guidance. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. There was an on-call theatre team available for out of hours emergencies.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The hospital worked with consultants under a practising privileges arrangement and was able to demonstrate this process was robust, with strong medical governance arrangements. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent service.

Patient care and treatment was consultant led. Records we viewed and staff we spoke with confirmed consultants reviewed patients on a daily basis. There was 24 hour, seven-day resident medical officer (RMO) surgical cover for the wards. During the day on weekdays, two RMOs provided cover, with one RMO covering during the night and weekends. The operating surgeon and anaesthetist were available for inpatients requiring unplanned surgery. There was an on-call anaesthetic consultant rota for emergency returns to theatre.

Records

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

The service used a combination of electronic and paper records, with paper records scanned after patients were discharged. We reviewed 10 patient records which were legible and complete. We saw completed documentation audits for both wards and theatres that monitored compliance with record keeping standards and took action where these fell below expectations.

Medicines

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

Good

Surgery

An electronic system was used to administer medications and monitor stock levels. Controlled drugs were also manually checked by two members of staff. Room and fridge temperatures were also monitored and controlled by an electronic system which alerted staff should there be any issues. A range of medicine audits were conducted to ensure compliance with local and national guidance, with results discussed at medicines management and audit accountability meeting. They indicated appropriate actions were taken where any issues or omissions were identified.

Incidents

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

Staff told us there was a good reporting culture and they were encouraged to report incidents. In the 12 months prior to our inspection, surgical services reported 144 incidents. We saw they were graded by level of harm, with two identified as severe, 54 as low and 88 as no harm. The most common themes were treatment/procedure and medical device/ equipment. The two incidents rated as 'severe' were reported as serious incidents (SIs) requiring investigation. Root cause analysis (RCA) investigations were undertaken and recommendations were made following each investigation. The service held monthly mortality and morbidity meetings which were well-attended. Cases were fully discussed with actions agreed where appropriate.

However, not all staff were able to articulate what had been learned from incidents they described, or what they would do if a similar incident occurred in future. Although the hospital held a number of meetings to discuss such incidents and shared learning through newsflashes and other means, we were not fully assured staff were aware of changes made to reduce the risk of incident reoccurrence.

The duty of candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. We saw examples of duty of candour being applied and handled according to regulations with letters containing an explanation of the situation and apology. However, not all clinical staff were aware what the term meant.

Safety Thermometer

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

The hospital, unlike NHS trusts, was not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). However, services are required to have equivalent systems. The hospital had a quality dashboard which monitored pressure ulcers, falls and VTE, as well as other measures such as infection rates. This was available electronically and on display in each ward. All incidents in these categories were reviewed and discussed in the governance and quality board meetings to identify any lapses in care.

Are Surgery effective?

Good

Surgery

Good

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

Evidence-based care and treatment

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

Policies we sampled were regularly reviewed and included appropriate references to relevant national guidance, for example National Institute for Health and Care Excellence (NICE) and Royal College guidelines. However, we observed patient temperatures were not consistently documented intra-operatively every 30 minutes in line with NICE guideline CG65: Hypothermia prevention and management in adults having surgery. Following inspection, we were provided with evidence the temperature was monitored via finger probe but had not been documented correctly. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them of the importance of documenting temperatures throughout the patient journey.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Support from dietitians was available on weekdays. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. However, we observed a patient who had been without fluids for six hours before their operation. Two days after our inspection, the hospital sent a governance newsflash bulletin out to all staff reminding them patients should be actively encouraged to continue drinking fluids up to two hours before their operation to prevent issues such as dehydration, headaches and nausea. The hospital conducted a retrospective audit following inspection and found that documentation of fluid intake prior to operations was not consistent. Appropriate actions were identified to ensure this would improve.

Pain relief

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

There was a clinical nurse specialist in pain management available during the week. Patients' records showed the level of pain was assessed regularly. Staff used a 0-3 pain score and documented this in the electronic observation system. Patients we spoke with told us their pain post-operatively was well controlled. Pain audits were undertaken monthly and patients were asked about their pain in the hospital's patient survey, with any issues identified and acted upon.

Patient outcomes

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

Good

Surgery

The hospital submitted data to national audit programmes such as the national joint registry (NJR), Breast and Cosmetic Implant Registry (BCIR) and British spinal registry, as well as submitting data to Private Healthcare Information Network (PHIN) and collecting data in relation to Patient Reported Outcome Measures (PROMS). PROMS uses patient questionnaires to assess the quality of care and outcome measures following surgery. Data submitted fell within expected ranges. The hospital had was awarded the NJR quality data provider award for 2019/20, indicating data submitted was complete and of good quality. The service also conducted a wide range of meaningful local audits and identified learning points to improve care, with staff acting as audit champions to take ownership of results.

In the 12 months before inspection, there had been 44 unplanned readmissions within 28 days of discharge for surgical patients. The most common reasons were to investigate a possible infection (18) and for a known complication (10). In the same time period, there were 16 unplanned transfers of surgical patients to other hospitals and 35 cases of unplanned returns to the operating theatres. Unplanned transfers occurred for specific pathways where specialties were not provided at the hospital, such as cardiac issues and stroke, as well as for patients with COVID-19 at the time of admission. Unplanned returns to theatres occurred most frequently due to haematoma/bleeding (13) and known complications (12).

Competent staff

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

Staff were positive about career development and training opportunities in the hospital. Clinical practice development nurses were available to support staff. Newly appointed staff went through an induction process and their competency was assessed prior to working unsupervised.

Multidisciplinary working

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

Staff told us they enjoyed working with their colleagues and were complimentary about the support they received from one another. There was effective daily communication between multidisciplinary teams within the surgical wards and theatres. Staff handover meetings took place during shift changes and 'safety huddles' were carried out on a daily basis to ensure all staff had up-to-date information about risks and concerns. Physiotherapists and occupational therapists were available to support patients where necessary, and we saw regular input from these health professionals in patient notes. Regular multidisciplinary team (MDT) meetings took place as well as daily discharge planning meetings on the wards. A process to communicate with GPs following discharge was in place.

Seven-day services

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

There was appropriate medical cover, including 24-hour, seven-day RMO cover and access to consultants on call should patients require urgent review. An on-call theatre team and consultant anaesthetist were available for emergency surgery. Physiotherapists were available seven days a week for post-operative orthopaedic patients. Other professionals such as dietitians and pharmacists were available on call during weekends.

Health promotion

Good

Surgery

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

Information was readily available to help patients manage their wellbeing, both electronically on the hospital website and in leaflets and patient 'welcome packs' on the wards. Pre-assessment staff discussed all necessary information with patients about their operation and their health to identify potential risks and if any additional support or interventions were required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

All 10 records we checked contained legibly signed consent forms, including separate COVID-19 specific consent forms. Staff received training on Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. However, not all staff were able to describe what they would do if they suspected a patient lacked capacity to make a decision.

Are Surgery caring?

Good

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

Compassionate care

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

We spoke with three patients who all provided positive feedback about the treatment and care they had received from staff. They told us staff were "excellent" and "could not do enough" for them. Many staff were able to give examples of times they had gone above and beyond for longer stay surgical patients. Two clinical nurse specialists within the breast unit had won corporate-wide awards in 2020 for recognition of their excellence in nursing care.

We observed staff providing care in a respectful and considerate manner. The service audited call bell response times to ensure any issues with particular areas were proactively investigated and resolved.

Patients were also encouraged to give feedback via a patient satisfaction questionnaire, which was now electronic. Patients completed this onsite via handheld device, or after discharge by email. Over the last 12 months, the overall response rate was 33.1% and most patients rated the overall quality of care and quality of nursing care as 'excellent' or 'very good'. There was a patient experience plan and strategy in place, with short-term and long-term goals to improve the patient experience, increase the amount of patient feedback and ensure it was meaningfully triangulated with findings from other sources such as audits and incidents.

Good

Surgery

Emotional support

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

Staff were able to describe how they would provide reassurance and comfort to patients who were anxious or worried. The hospital had a team of named clinical nurse specialists and a clinical assistant who supported patients through their hospital journey end-to-end, from initial consultation to post-discharge. In some cases, the named person even accompanied patients into the anaesthetic room to provide support up to the point of surgery. We were provided with examples of feedback from patients that indicated how valuable they found this support.

Visitor passports and COVID-19 testing arrangements were in place to allow patients to receive a visitor safely whilst they were at the hospital. Virtual visits via video link were also facilitated for patients.

Patients, relatives and staff had access to psychological support and counselling services. There was a multifaith chaplaincy service available for patients. All staff wore badges confirming their name and role, as well as a picture of the member of staff without a mask. Every room on the ward area had a 'welcome pack' which included information on how to identify staff by the colour of their uniform.

Understanding and involvement of patients and those close to them

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

Patient records showed discussion of potential risks and complications of surgery, as well as the benefits and alternatives available. Written information leaflets were available for patients about a range of treatments and procedures, including costs. The information about costs had recently been redesigned with the help of a patient partner in order to make this clearer. The hospital had recently recruited six patient partners to advise on hospital service development from a patient perspective. From August 2021, there were plans for them to be involved in Patient-Led Assessment of the Care Environment (PLACE) audits across the hospital, to give their perspective on how the environment or services might be enhanced.

The hospital had introduced an internal audit programme directly incorporating patient feedback as part of their assessment of different departments. This had been piloted at the hospital, and consisted of an unannounced visit to each department, where as part of the assessment of the overall quality of care, staff spoke to five patients to get their point of view. In addition, the hospital used patient mystery shoppers to ensure that patient feedback was taken into account across the service.

Are Surgery responsive?

Outstanding ☆

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

Service delivery to meet the needs of patients

Good

Surgery

The service planned and provided care in a way that met the needs of patients. It also worked with others in the wider system to respond promptly to unexpected and urgent demands in the system.

The service offered a choice of procedures and choice of consultants, to best meet patient needs. Admissions to the surgical wards were elective and planned in advance. The hospital had worked with local NHS trusts during COVID-19 to help manage their surgical waiting lists, adapting their infrastructure at short notice and performing over 1200 surgeries. They expanded their critical care capacity and took on more complex cases with support as required, forming part of the London Cancer Support Network. The hospital already had nine critical care beds but extended this to 20 beds. Staff told us this had been a challenging but rewarding experience. The hospital also introduced a six-bedded additional step down unit for enhanced care at peak times during the pandemic. This has remained a permanent fixture on the surgical ward.

Meeting people's individual needs

The service was proactive in understanding and taking account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients' individual needs were identified prior to surgery by the consultant responsible for the patients care or during the pre-assessment process. Boards with magnets outside patient rooms identified any complex or additional needs such sensory impairments, enhanced care requirements or special diets. Patients with complex needs, such as learning disabilities, autism or living with dementia, received care through a coordinated multidisciplinary approach and staff were able to give examples of adjustments made for these patients. Staff received mandatory training in dementia awareness and care.

Translation services were available and were pre-booked prior to a patient's admission. Staff also had access to translation services via telephone and a range of resources to support those with other enhanced communication needs. For example, communication resource boxes were available for patients with complex needs. These contained a healthcare communication resource book, which included easy read formats and symbols to aid communication, as well as a set of dominoes, a jigsaw puzzle and a colouring book with pens. These resources were designed to help to keep people occupied with an activity while they were staying at the hospital and to ease anxiety.

In 2020, the breast unit was a finalist in a national awards scheme for their efforts to enhance patient dignity, by providing a bespoke prosthetic bra fitting service for their patients, including those from abroad who may not otherwise have access to such resources. The unit also operated a scheme that took donated bras from the local community and recycled these for charity.

The breast unit had created a memory box programme to support patients with a terminal diagnosis, as well as developing resources to support parents to discuss cancer diagnoses with younger children.

Access and flow

People could access the service in a way and at a time that suited them. They received care promptly.

Patients were offered remote consultations where appropriate. The service did not audit patient waiting times for surgery. This was because all procedures were elective, and patients were able to choose their preferred dates based on consultant availability. Theatre utilisation over the last 12 months was 57%. Since June 2020, the hospital reported 12

procedures had been cancelled for a non-clinical reason, most commonly because beds were unavailable (four) or the anaesthetist was unavailable (three). This represented just 0.18% of all surgical procedures. Daily bed meetings ensured there were sufficient beds and staff for expected admissions the following day and identified potential issues. Along with daily discharge planning meetings, this helped to prevent delayed discharges and staffing issues.

Learning from complaints and concerns

People were involved in regular reviews on how the service managed and responded to complaints. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff in innovative ways.

Patients we spoke with were aware of how to raise concerns and information on how to make a complaint was readily available. In the 12 months prior to our inspection, surgical services had received 27 formal complaints. Staff told us this was a 50% reduction on last year due to the work they had done around empowering staff to resolve any potential issues proactively at an earlier stage, led by the matron for quality and patient experience. The majority of complaints (26 out of 27) of formal complaints were resolved at stage one. All complaints were responded to within the 20-day response time frame set by the hospital, although so far in 2021 all responses had been made within just five days in line with a new target. The service was signed up to an independent review service for resolution of formal complaints and had given presentation at their virtual conference on complaints handling and resolution.

The hospital demonstrated that it responded to patient feedback and suggestions proactively, with escalation pathways in place to empower staff to resolve patient concerns swiftly. Ward managers did daily rounds to pick up any potential issues early, and there was a matron for quality and patient experience who could resolve any issues patients raised. Patient suggestions and comments were used to improve the service. For example, patient partners were involved in tasting new catering options, and patient feedback led to new equipment being purchased for the wards and an extension to chef working hours so that those returning later from surgery could have a hot meal.

Are Surgery well-led?

Good

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

Leadership

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

There was a clear organisational structure within surgical services, with newly developed service lines to ensure clear lines of reporting and improved governance across specialty areas. Staff told us they felt supported by both their immediate line managers and the senior management team. Senior leaders worked together to support staff and improve the patient experience, with daily briefings to ensure that key messages, successes and goals were shared across the hospital.

Vision and strategy

Good

Surgery

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

In 2019, the hospital had developed a jigsaw infographic in partnership with staff that captured all the elements they felt were important in developing their service and striving for improvement, including areas such as inclusive two-way communication, excellence in innovation and patient care, and integrating, learning and sharing governance, amongst others. The vision of the hospital was, 'exceptional people, exceptional care'. There was a five-year quality improvement plan which built upon the experience and priorities during the COVID-19 pandemic. There was a clear commitment to improving the patient experience with the involvement of frontline staff.

Culture

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

Staff we met were welcoming, friendly and helpful. It was evident they were happy in their roles. Staff told us the culture was supportive and caring and they were confident to speak up should they have any concerns. There were three freedom to speak up champions within the service to help staff do so. A diversity and inclusion committee had recently been set up, with approximately 20 members across the hospital. A diversity and inclusion survey had been sent out to all staff in order to gather their views on what could be improved within the hospital in this regard. Approximately 25% of staff had responded and we saw an action plan had been developed in response to staff feedback. In addition, the hospital had introduced an initiative titled 'I AM' where staff made short videos about their experiences in order to start conversations to build a more inclusive culture.

Governance

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

Staff conducted a range of audits to assess clinical effectiveness. Audit results, along with patient outcome data, complaints and incidents were discussed and reviewed at relevant meetings, with increased triangulation of these areas being a focus.

Managing risks, issues and performance

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

The surgical risk register fed into the hospital wide risk register and was reviewed regularly. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. The top risks included COVID-19 and issues with uninterrupted power supply, which was not present in all theatres. Control measures including regular daily checks, quarterly servicing of the generator and essential machinery having internal batteries mitigated this risk, but additional components were not able to be installed until the power supply to the hospital was increased. This was planned for 2022.

Good

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Managing information

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

Patient information and records were stored securely on all the wards and in all departments we visited. Several strands of the quality improvement plan over the next five years relied upon improving data quality and electronic systems and there were realistic plans to achieve these.

Engagement

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

Patients were asked to complete a provider feedback questionnaire about their experience. The service collected quality patient reported outcome measures (PROMS) and monitored complaints. Patients were also able to provide feedback via the hospital website, social media and email. This feedback was shared with staff and used to drive improvement. There was also now a matron for quality and patient experience and six patient partners who fed into the development of the service. There was a patient experience plan and strategy in place, as well as a patient experience committee.

Staff were able to give feedback via the six-monthly staff engagement surveys. In May 2021, 54% of staff responded to the survey, which was 10% more than in October 2020. There was evidence of actions being taken as a result of previous survey results, such as increased opportunities for recognising good work and a wellbeing app staff could access on their smartphones, with access to resources such as virtual yoga sessions. There was also a weekly staff newsletter.

Learning, continuous improvement and innovation

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

We were given several examples of quality improvement initiatives and projects driven by staff, such as projects to improve the discharge pathway and medicines management. The hospital had taken the feedback from our previous inspection and used this to drive improvements in areas such as VTE assessment compliance, and took immediate action in response to issues identified during the course of this inspection visit.

The hospital continued to invest in and use robotic surgery, which is less invasive and can be more precise, thus leading to better surgical outcomes and shorter length of stay, as well as less bleeding and post-operative pain. They had developed a robotic strategy and governance framework to train surgeons in this area, and had recently been selected as a case observation centre by the manufacturer of the machinery used to undertake these surgeries.

The hospital used an innovative wire-free surgical guidance system to help surgeons locate the cancerous and abnormal breast tissue. This technology was less restrictive after placement and was also more precise in locating the tumour and its boundaries, which also meant less unneeded tissue removal took place.