Spire Healthcare Limited

Spire Nottingham Hospital

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service was flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who use the service. People could access the service when they needed it and did not have to wait for treatment.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt exceptionally respected, supported, and valued. They were completely focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged exceptionally well with patients and the community to plan and manage services and all staff were overwhelmingly committed to improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Outstanding** ☆	Our rating of this location stayed the same. We rated it as outstanding because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service was flexible, provided informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who use the service. People could access the service when they needed it and did not have to wait for treatment. • The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. • Staff understood the service's vision and values, and how to apply them in their work. Staff felt exceptionally respected, supported, and valued. They were completely focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged exceptionally well with patients and the community to plan and manage services and all staff were overwhelmingly committed to improving services.

Summary of findings

Contents

Summary of this inspection

Background to Spire Nottingham Hospital

Spire Nottingham Hospital is operated by Spire Healthcare Limited. The hospital opened on 29 April 2017. It is a new purpose-built independent healthcare hospital in Nottingham, Nottinghamshire. Spire Nottingham Hospital is situated south of Nottingham city centre; it opened almost 2 years after work started on the project. A full project team including engineering, pharmacy, pathology, IT, logistics, purchasing, recruitment, and training supported the Senior Management Team in getting the hospital ready for opening.

A majority of the consultants who have practising privileges at the hospital are from the local NHS hospital trust. The hospital's main specialties are orthopaedics, spinal surgery, urology, gynaecology, general surgery, plastic surgery, ophthalmology, ear, nose and throat, oral surgery, gastroenterology, and breast surgery. Spire Nottingham Hospital is the only hospital in the region with a hybrid theatre.

The hospital primarily serves the communities of the Nottinghamshire, Lincoln, and North Leicestershire areas. It also accepts patient referrals from outside these areas. Services are provided to NHS patients, and self-funded patients who may be insured or who self-pay to cover the costs of their treatment. It offers outpatient, day case and inpatient services for a range of specialities including cardiac surgery, spinal, orthopaedics, ophthalmology, gynaecology, urology, ear, cosmetic and general surgery. Additional services offered on an outpatient basis include rheumatology, dermatology, cardiology and children and young peoples services. These services are supported by on-site physiotherapy and diagnostic imaging departments.

The hospital has been registered with the CQC to carry out the following regulated activities since April 2017:

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

The hospital has had a registered manager and a designated controlled drugs accountable officer in post since registration in April 2017. Spire Healthcare Limited has a nominated individual.

We last inspected the service in 2018. The main service provided by this hospital was surgery.

How we carried out this inspection

During the inspection, we assessed the surgical services. We reviewed the domains of Safe, Responsive and Well led during this inspection as a result of incident intelligence shared with us by the service.

Summary of this inspection

We spoke with 30 members of staff including registered nurses, healthcare assistants, reception staff, medical staff, operating department practitioners, facilities staff, and senior managers. We looked at patient waiting areas and clinical environments, attended staff huddles, looked at 20 patients' care and treatment records, and at hospital policies, procedures and other documents relating to the running of services.

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.

Outstanding practice

We found the following outstanding practice:

- The service had been accredited with an autism inclusion award. The Autism Accreditation Programme is the UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice. It is a way for organisations to show they offer excellent support to autistic children and adults.
- The service had fund raised for the local school. Most recently to provide funds for the school's new sensory room.
- The service had 3 identified mental health first aiders. They were available to provide initial support and further signpost people to appropriate help.
- The service supported 'Community Wood Recycling' with a donation of the old wooden cladding from the building. Community Wood Recycling is a nationwide network of 30 social enterprises, who have been recycling wood since 1998. Helping our planet by saving carbon and fighting unemployment by giving workplace opportunities to disadvantaged people.
- The service had developed a new critical care resident doctor program to develop and collaborate with services across the region. A bank model was developed which offered regional speciality trainees' additional employment at a lower intensity to their NHS work. This was of benefit to trainees who for personal, professional or health reasons might wish to do additional hours but could not commit to shift patterns in the NHS. The program included continuing professional development sessions targeted at the "hidden curriculum" - topics which were difficult to gain experience and expertise as part of standard NHS training programs, for example ethics and decision making, communication skills, management, governance, healthcare finance and commissioning. The program offered benefits to the local health care sector by adding additional training and experience which was not previously available, whilst increasing the quality, experience and expertise of medical care in the independent sector and future opportunities to grow cross sector research and quality improvement in collaborative arrangements with local trusts and universities.
- Working groups were set up in order to develop specific care for hard to diagnose patients particularly patients with a particular nerve disorder that involved treatment from a number of professions. The working group developed a pathway to identify patients, refer them through the correct channels to ensure effective investigations and treatment. This was an excellent example of collaborative working to improve patient satisfaction and clinical outcomes.
- Staff were encouraged to develop and further their skills for example, physiotherapist's completed further study at master's level and were supported to develop a specific orthopaedic clinic which enabled patients to be seen in a more targeted way. These clinics were provided alongside consultant clinics and enabled increased communication and increased care provision for patients.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure staff training in safeguarding level 3 is completed according to the service policy.
- The service should ensure all venous thromboembolism documentation is completed.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Not inspected	Not inspected	Outstanding	Outstanding	Outstanding
Overall	Good	Not inspected	Not inspected	Outstanding	Outstanding	Outstanding

Outstanding

Surgery

Safe	Good
Responsive	Outstanding
Well-led	Outstanding

Is the service safe?

Good

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. There were 16 mandatory training modules to be completed annually, with a target for all teams of 95%. In November 2023, compliance rates among the surgery team (which included theatre, pre-operative assessment, and ward staff) were 91% to 100% for all modules.

The training year ran to the end of March 2024, the service provided information highlighting staff were booked onto training over the coming months. The service gave assurance that the target would be met hospital wide.

The mandatory training was comprehensive and met the needs of patients and staff. Training included infection control, safeguarding, and manual handling.

All clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. All staff were registered to attend the Oliver McGowan training on learning disability and autism This is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff. During our inspection, 94% of clinical staff across preoperative assessment, theatres and the ward had successfully completed this training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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 received training specific for their role on how to recognise and report abuse. As of November 2023, adult safeguarding training up to level 3 had been completed by 55% of pre-operative assessment, theatre, and ward staff. Whilst this did not currently meet the Spire target there was an action plan in place with remaining staff booked onto training prior to the end of March 2024.

Safeguarding children training up to level 3 had been completed by 100% of pre-operative assessment, theatre, and ward staff. The end of year training target of 31 March 2022 was 95% compliance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Safeguarding adults and children's policies were in-date and accessible to all staff.

We reviewed minutes of safeguarding meetings which identified regular reviews of incidents, complaints, and service developments. For example, autism accreditation had been awarded in October 2023. The Autism Accreditation Programme is the UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice. It is a way for organisations to show they offer excellent support to autistic children and adults.

There was a flow-chart which included local leads and contact details for the local authority safeguarding teams.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of what a safeguarding concern would be and knew who to contact for support. The safeguarding leads, including their photographs were displayed on noticeboards in theatre and on the wards.

Staff followed safe procedures for children visiting the ward. Parents and carers were reminded that children required supervision.

Cleanliness, infection control and hygiene

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

Staff used records to identify how well the service prevented infections.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent, identify, and treat surgical site infections.

The hospital had infection control policies and procedures to help control infection risk. These and other related policies covered the actions required by staff to minimise the risk of infection and cross infection in the hospital and the surgery service.

Staff could explain the procedures they would follow if they had concerns about a patient or visitor's infection status. All areas of the surgery service we inspected, including the theatres and wards, were visibly clean and tidy.

We saw suitable flooring and furnishings throughout the hospital and the surgery service. The hospital had housekeeping staff who were responsible for cleaning patient and public areas, in accordance with daily and weekly checklists.

Cleaning records were up-to-date and demonstrated areas were cleaned regularly and deep cleaned when needed. Cleaning equipment was stored securely in locked cupboards. This meant unauthorised persons could not access hazardous cleaning materials. Staff used I am clean stickers on equipment in the clinical areas to identify that items had been cleaned and were ready for use.

Surgery

Staff were required to complete infection, prevention, and control (IPC) training during their induction and then annually at the level appropriate to their role as part of their mandatory training.

We observed staff following good infection control practices to minimise the spread of any infection; they wore face masks where required, were bare below the elbow and cleaned their hands before and after contact with every patient. Staff had access to hand washing facilities and personal protective equipment, such as gloves and aprons in a variety of sizes.

Clinical handwashing sinks were installed in clinical areas in the theatre suite and on ward areas and in patients' bedrooms. This meant staff had the facilities needed to effectively wash their hands to help prevent avoidable health acquired infections.

There were effective systems to ensure standards of hygiene and cleanliness were regularly monitored, and results were used to improve IPC practices if needed.

The service performed well for cleanliness. IPC audits completed included environment, hand hygiene, bare below the elbow and PPE. The audit programme was used to increase and maintain standards and help prevent the spread of infection. IPC was discussed during ward and theatre meetings and issues were raised and an action plan put in place. Current all staff results for quarter four were 91% compliance. All staff were required to complete IPC training annually and the deadline was 31 March 2024. As of November 2023, the completion rates were 88% for pre-operative assessment, ward, and theatre staff.

The hospital completed water flushing round the hospital. We reviewed documentation that showed that regular water testing was being carried out. Nursing staff carried out infection control risk assessments on all patients as part of their pre-admission assessment process. This included details about any recent illnesses, MRSA status and possible exposure to MRSA or infectious diseases in the month before pre-admission screening. This facilitated the identification of infection risks at the earliest possible time in the patient's care pathway to ensure correct infection prevention and control practices were instigated.

The service provided patients with verbal and written information, in their pre-admission information pack and on discharge from the hospital, on how good IPC measures prevented and controlled infection. It included information about hand washing and caring for surgical wounds. This also included information for the patient on how to spot the signs and symptoms of a wound infection and what action needed to be taken if a patient had concerns.

The hospital had 4 laminar flow operating theatres, a system of circulating filtered air to reduce the risk of airborne contamination. This worked to prevent airborne bacteria from getting into open wounds, as well as removing and reducing levels of bacteria on exposed surgical instruments. Staff followed good practice guidance and maintained clean and dirty flow within the operating theatres. This included limiting the number of staff entering the operating theatre during surgery and restricting the movement of personnel in the operating theatre to a minimum. The hospital had recorded no surgical site infections (SSI) in the previous 12 months. The hospital reported no incidences of clostridium difficile, methicillin sensitive staphylococcus aureus (MSSA) and MRSA in the past 12 months.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw the correct use of PPE, such as disposable gloves, aprons, and masks. PPE was available in all clinical areas. Staff in theatres wore appropriate theatre clothing (scrubs) and designated theatre shoes were worn. This was in line with best practice (Association for Perioperative Practice, Theatre Attire (2011).

Staff followed the hospital's policy on infection control, for example, we observed staff complying with 'arms bare below the elbow' and not wearing jewellery. Staff worked effectively to prevent, identify, and treat surgical site infections. There were systems to prevent and protect people from a healthcare associated infection and ensure standards of hygiene and cleanliness were maintained. This was in line with current guidance from the National Institute for Health and Care Excellence Quality Standard (QS) 61: Infection Prevention and Control (April 2014).

Environment and equipment

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

The design of the environment followed national guidance. The ward environment and equipment were clean and free from dust. Inpatient rooms were clean and tidy. The operating theatre layout was clutter free. Staff carried out daily safety checks of specialist equipment.

Staff carried out daily safety checks of specialist equipment. Emergency equipment for the wards was stored at the nurses/reception station with clear access. Records indicated that the resuscitation trolleys and their contents were checked daily in line with hospital policy. The trolleys were secured with tags which were removed monthly to check the entire contents were in date. Items had details of service date on them and were dated for next service. Theatres also had a difficult airway trolley which was checked daily. We found medical gas cylinders securely stored against the wall in a separate area, labelled and checked. In recovery there was a transfer bag which had been checked. The emergency drug box and anaphylactic box were labelled and sealed. On both the ward and in theatres there were posters displayed with the locations of other emergency equipment.

The service had enough suitable equipment to help them to safely care for patients. There was an equipment register and loan equipment was available if required. There were bariatric chairs and commodes if needed. Ward areas were clean and had suitable furnishings which were clean and well-maintained. Medical equipment was checked and maintained on an up to date asset register to ensure items were safe and ready for use.

Staff disposed of clinical waste safely. We witnessed staff disposing of clinical waste safely. We also inspected the dirty utility rooms in the ward and theatres and found them to be visibly clean and all labelled correctly in line with national guidance.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The National Early Warning Score (NEWS2) was used to identify deteriorating patients. Staff recorded routine physiological observations, such as blood pressure, temperature, and heart rate, all of which were scored according to pre-determined parameters. We reviewed 14 records during this inspection specifically for NEWS and found all were completed correctly. NEWS audits for the past 12 months showed over 97% compliance. Staff told us that if a patient's NEWS score indicated they were deteriorating they would escalate it to the nurse in charge. Further, there was a designated resus team allocated to respond to any emergency every day at the resus huddle who also had support from the RD (Resident Doctor) 24 hours a day, 7 days a week, who was ALS (Advanced life support) and EPLS (European Paediatric Advanced Life Support) trained.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. All NHS referrals went to the director of clinical services or clinical governance lead

first to confirm that the procedure met their criteria, before going to the pre-operative assessment (POA) team. There was an electronic pre-operative assessment system which had been implemented across Spire hospitals. This enabled staff to be fully informed of information held within the patients GP record before any POA took place. Staff we spoke with found this system invaluable in proactively planning for patients with known comorbidities.

There was a flow chart for staff to follow and if they had significant concerns a multi-disciplinary meeting would be held. This was also documented in the patient records we reviewed. We saw evidence of this being requested in the notes we reviewed. The hospital held weekly planning meetings with the deputy director of clinical service, pre-operative assessment, theatre staff, ward manager, therapy, and pharmacy to discuss all surgical admissions for the following week to review care needs.

Staff knew about and dealt with any specific risk issues. Nursing staff used nationally recognised tools to assess patients' risk of, for example, developing pressure ulcers (Waterlow), malnutrition (malnutrition universal screening tool), falls, infection control, and risks associated with moving and handling. We saw these had been completed in all sets of notes we reviewed.

National guidance states all surgical patients should be assessed for risk of venous thromboembolism (VTE) (a condition in which a blood clot forms most often in the deep veins of the leg, groin, arm, or lungs) and bleeding as soon as possible after admission to hospital or by the time of the first consultant review. Staff completed VTE risk assessments however, as there were multiple areas to complete in all sets on notes, we reviewed not every box was completed correctly. This did not affect patient outcomes in any of the cases as prophylaxis was prescribed and administered. Ward staff also completed a monthly VTE audit however, it was observed that the audit was completed by regular members of the team who agreed that when auditing the review did not always consider every area that needed completion. Prescribing compliance for the past 12 months was at 97%. This corresponded to the compliance we observed.

Sepsis is a serious complication of infection. Early recognition and prompt treatment have been shown to significantly improve patient outcomes. Staff received training in sepsis management and all patient rooms had a sepsis screening tool assessment sheet. There was a sepsis trolley on the ward which contained the equipment and medicines staff needed to treat sepsis.

Staff were able to sign post patients or colleagues to mental health liaison and specialist mental health support. The service also had 3 identified mental health first aiders. They were available to provide initial support and further signpost people to appropriate help.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. We reviewed meeting minutes where this had been actioned on behalf of patients and their families.

Staff shared key information to keep patients safe when handing over their care to others. The hospital had a transfer agreement in place with the local acute NHS trust should a patient require a higher level of care. Patient notes were given to the ambulance staff with a transfer handover sheet. Nursing staff completed a discharge summary letter for the patient's GP which could be sent via an online system or for the patient to take to their GP. Shift changes and handovers included all necessary key information to keep patients safe.

Shift changes and handovers included all necessary key information to keep patients safe.

The theatre team held a 'huddle' at the beginning of every day. These meetings were documented for staff to refer to. Ward staff held early morning handovers from the night staff to the day staff. These ensured the safe handover of patients and allocation of work was completed. During our inspection, we observed a theatre huddle.

Staff completed the World Health Organisation (WHO) surgical safety checklist pathway and were fully engaged. All staff within the operating room completed the required processes in line with WHO, handover to the recovery nurse was also performed as per recommended guidance. Swabs and instrument checks were completed correctly.

The service audited WHO checklist compliance and results showed the past 12 months at 100%. Staff had support from the RD's if a patient's health deteriorated. An RD was on duty 24 hours a day and was available on site to attend any emergencies. The RD's were able to contact the consultants for further support including out of hours. They had agreed protocols and contact details for each speciality provided at the hospital arranged in advance to ensure timely patient decision making.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Data we reviewed, and observations made during our inspection confirmed there was enough staff to provide the right care and treatment. The service had also recruited additional healthcare assistants.

Managers accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each shift in accordance with national guidance. Theatre planning meetings took place weekly and ensured that the rotas were reviewed for the following week. The operating department used guidance set out by the Association for Perioperative Practice related to safe staffing levels. Theatre lists were planned in advance and staffed accordingly. There were opportunities to escalate staffing concerns at the daily huddle. On call staff were allocated. The service had implemented a safe staffing audit tool which was used on a daily basis to identify any staffing concerns to escalate to management. Staff told us they were all aware of it and felt it was helpful. Staffing was reviewed the day before and escalated to the director of clinical services if agency cover was required or there were any staffing concerns. Staff told us that if they had a particularly unwell patient, additional staff could be requested.

The ward manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers. These were displayed on the safe staffing boards.

The hospital reported 100% of shifts were filled in the past 12 months. The service had average vacancy rates. There were 3 FTE registered nurse and 2 FTE HCA vacancies for the ward, 7 FTE registered practitioner and 2 FTE HCA vacancies for theatres. There were no vacancies in the pre-operative assessment unit. Across the three surgery departments, vacancy rates were at 26%. Where sufficient staff was not available to meet planned admissions, cases would be postponed to ensure patient safety. Each department also had supernumerary manager who was available to work clinically in case of an unexpected short notice absence.

The service had low sickness rates. It was 4.5% across the ward, the pre-operative assessment unit, and theatres.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service had low rates of bank and agency nurses. For the past 12 months, bank and agency usage in pre-operative assessment was 0.68 and wards was an average of 3.5 FTE (full term equivalent). The total average bank and agency usage for the previous 12 months was 2.5 FTE.

Managers made sure all bank and agency staff had a full induction and understood the service.

Heads of department were encouraged to consult with other departments to arrange cover before escalating to the director of clinical services to request agency cover. There was a system used which helped request agency staff that were familiar with the hospital. Agency staff received an induction on the day. There was an agency induction checklist. We reviewed staff files and found that it had been completed in line with internal policies.

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 service had enough medical staff to keep patients safe. Patient care was consultant-led. Consultants were available for advice and to review admitted patients and provided 24-hour on-call cover for patients post-operatively.

Staff told they had no problems reaching them and that it was mandatory for all admitting consultants to visit their patients at least once per day, which the consultants did. There was a list for those on annual leave and cover detail.

Consultant daily visits were audited, and compliance for the past 12 months was 90%. We were told that if a consultant did not visit their patient in a 24-hour period, it would be reported as an incident to ensure it was escalated. The areas which affected compliance from January to October 2023 were a missing time entry. This had been noted to improve in quarter 4, (October to December). The further actions that attributed to this improvement were: Audit results shared at the medical advisory committee (MAC) and discussed, reminder to all Consultants sent in the “2 - minute times” newsletter regarding the importance of consultants documenting the time of their daily visit, and the datix completion.

Consultants led and delivered the surgical service at the hospital under practising privileges. The hospital had granted 280 consultants/health professionals practising privileges, including but not limited to: specialist surgeons such as cardiac, orthopaedic, ear nose and throat and urology, and anaesthetists.

There was a Spire Healthcare practising privileges and appraisal policy. The policy set out the requirements for each consultant to ensure good care and keep people safe.

All consultant surgeons, paediatricians and anaesthetists had to complete an application for admitting rights. The hospital management team used this information to determine whether the person had the required skills and experience to carry out treatments at the hospital.

Consultants had to demonstrate they were able to perform the procedures included as part of their practising privileges and they were working within their normal scope of practice.

There were robust processes in place for reviewing practicing privileges at the hospital. The director of clinical services and the hospital director reviewed them on either a biennial or annual basis dependent upon the speciality and practice of the consultant. The reviews included information such as mandatory training and appraisal information.

Outstanding ☆

Surgery

The hospital had a MAC whose responsibilities included ensuring new consultants were only granted practising privileges if deemed competent and safe to practice. All consultants conducted procedures within their scope of practice within their substantive post in the NHS.

Immediate medical support was available 24 hours a day, 7 days a week. This was covered by 2 RDs (resident doctors), who worked 7 days on, 7 days off. The RDs were doctors responsible for the care of the patients in the absence of the consultant. They provided support to the clinical team in the event of an emergency or with patients requiring additional medical support. The RDs were trained in advanced life support and held a bleep for immediate response, for example, in the case of a cardiac arrest. Nursing staff told us the RDs were approachable and responsive when required.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were on paper. We reviewed 20 sets of notes during our inspection and found they were legible, up-to-date, and contained all relevant information regarding patients' care and treatment. Staff used specific care pathway paperwork for each patient which ensured they kept the relevant records for that procedure. Records contained information from when a patient had been booked for a procedure until follow up care after discharge had finished. Records were multidisciplinary, meaning each clinical team wrote in the same set of records, including the surgical team. We reviewed 20 sets of patient records and found these to include the relevant assessments of care needs, risk assessments and were patient centred and personalised. Each record contained a sepsis pathway, ready for use if required. Records seen were mainly accurate, comprehensive, and provided a clear picture of the care and treatment each patient received from their initial contact through to discharge. We saw evidence in the patient records of ward to theatre handover and theatre checklists completed.

When patients transferred to a new team, there were no delays in staff accessing their records. This ensured continuation of patient care between the teams. Records were easily available to staff providing care, stored securely, and locked away when not in use. This meant there was restricted access to prevent unauthorised access to confidential patient care records.

Theatre staff maintained a log of implants on their prosthetics register to enable traceability if an incident occurred. Theatre personnel retained a sticker from each implant in the register, as well as in the patient notes. This meant they could clearly be tracked and traced.

Discharge letters were sent electronically to the patients' GPs immediately after discharge, with details of the treatment, including follow up care and medications provided. This ensured continuation of patient care.

Once patients were discharged and no further follow up care was required, records would be retained and stored securely within the medical records department. This department had responsibility for filing, storing, and maintaining an adequate medical record for patients treated.

Staff within this department ensured medical records were readily accessible for each episode of patient care and tracked throughout the hospital.

Medicines

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

Outstanding ☆

Surgery

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed the hospital's policies and procedures when prescribing, administering, recording, and storing medicines. The service had a comprehensive medicines management policy, which covered obtaining, prescribing, recording handling, storage, security, administration, and disposal of medicines.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We spoke with pharmacy staff during our inspection. They were extremely proud of the communication and support they were able to deliver to patients and relatives in relation to all their medication needs.

Staff completed medicines records accurately and kept them up-to-date. We observed allergies recorded during preassessment and admission. As the hospital is mainly reliant on paper documentation, we observed that VTE assessments were not always completed in line with the hospital policy. To review this further we reviewed the 7 patients notes that required VTE prophylaxis on the day of our inspection. There were a number of documents specific to VTE which were required to be completed. However, despite not all documents being complete the outcome for the patients was identified by prescribing and administration of prophylaxis. We highlighted this repeated documentation process to the senior team during our inspection for further consideration.

Staff stored and managed all medicines and prescribing documents safely. The hospital had its own pharmacy with their staff being responsible for the supply and top-up of medicines used in the theatre area and inpatient wards and take home medicines for patients. Nursing staff told us pharmacy staff provided an excellent service and were available and accessible when needed.

A pharmacist was on site between 8am and 4pm Monday to Friday and on-call to provide advice and support on evenings, weekends, and bank holidays. There were specialist pharmacists available for patients being cared for post operatively in the critical care unit. The on-call pharmacist was contacted for any controlled drugs (CD) if this was required out of hours. Medicines were stored appropriately in locked cupboards on the wards and in the theatre area.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

We checked a selection of medicines in the surgery service and found all were in date and kept in line with manufacturers advice. Stock matched the records. CDs were stored securely. The CD register reflected any CD administered and had two signatures recorded as required. Stock matched the register. Staff conducted daily checks of their CD stock and records were clearly maintained. Staff were clear and knowledgeable about the managements of CDs. We observed staff dispensing and administering a CD for one patient. They ensured the CD register was signed only after this had been administered which was in line with best practice.

The hospital used patient specific directions (PSD) in line with national guidance. A PSD provides a legal framework that allows some registered health professionals to supply and/ or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor. Medicines prescribed on the medicine chart were dated and signed by the prescriber. Prescriptions detailed the dose and the time the medicine needed to be administered. Nurses signed to demonstrate they had administered the medicine to the patient. Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines. The RD sought advice from the consultant surgeon or anaesthetist before changing any patient's medicine as the consultant had overall responsibility for the patients' care.

Medicines that needed to be kept below a certain temperature were stored in locked fridges. Ambient and fridge temperatures were checked daily and stored within the correct temperature range. Staff knew what to do if temperatures were out of range. All medication checked was in date. Pharmacy attended multidisciplinary team meetings across the hospital.

Staff learned from safety alerts and incidents to improve practice. The pharmacy team completed medicine audits, for example prescribing appropriate antibiotics, and controlled medications audits. The team shared audit results with the departments to decide on setting up action plans if needed. Latest storage and security of medicines audits indicated compliance of 94% for the recovery, theatres, and ward areas, which met the hospital target.

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 knew what incidents to report and how to report them. All incidents were reported in line with the Spire Healthcare incident reporting policy. The policy included definitions of incidents and their level of harm and how incidents should be reported, investigated and actions taken.

Staff raised concerns and reported incidents and near misses in line with provider policy. The hospital used an electronic system for reporting incidents. All staff could access the incident reporting system. Staff said they knew what constituted as an incident and were encouraged to report incidents or near misses so that effective measures could be taken to minimise ongoing risk to people or the organisation. There was a no-blame culture and staff said they felt confident in reporting incidents.

Spire Nottingham Hospital had zero never events and severe harm incidents reported between November 2022 to December 2023. 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.

Managers shared learning about incidents and investigations with their staff and across the location and nationally if learning was identified. We reviewed three near misses in theatre which were identified and reported to share any learning. All were identified as part of robust checking procedures.

Managers shared learning with their staff about never events that happened across the group to ensure learning was cascaded.

Staff reported serious incidents clearly and in line with Spire Healthcare policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour 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.

Outstanding ☆

Surgery

Staff received feedback from investigation of incidents, both internal and external to the service. The governance lead collated and shared learning from incidents with all department heads at the daily safety huddle meetings and shared with all staff in the weekly updates. Incidents were also a standard agenda item on the monthly ward meetings.

Staff met to discuss the feedback and look at improvements to patient care. The ward manager regularly shared information with the team via emails and the staff noticeboard. There was also a daily huddle to share information. Updates from Spire nationally were received via 48-hour flashes. Staff met to discuss the feedback and look at improvements to patient care. We observed this minuted in meeting notes.

There was evidence that changes had been made as a result of feedback. Several incidents related to post operative complications were reviewed and the information identified that possible causal link may have been patient dehydration preoperatively. Staff implemented and maintained an increased vigilance specifically to ensuring information regarding 'sips to send' was discussed with the anaesthetist and patients at the preoperative and ward admission stages. This included updated documentation to reduce potential risk. 'Sips to send' has been widely recommended to ensure patients receive small amounts of water up until they are taken into theatre.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were reported on an electronic incident reporting system and allocated to the department or area to investigate. Any immediate actions identified would then be completed. They were reviewed at the monthly clinical effectiveness and quarterly governance meetings. We reviewed five incident report forms and found them to be compliant with internal policies and national guidance.

Managers debriefed and supported staff after any serious incident. Staff we spoke with explained the process specifically in relation to a recent incident that resulted in a patient needing transfer to an NHS hospital for further treatment.

Is the service responsive?

Outstanding ☆

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

Service delivery to meet the needs of local people.

The service was tailored to meet the needs of individual people and was delivered to ensure flexibility, choice and continuity of care. To continually meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. People's individual needs and preferences were central to the delivery of tailored services. Admissions to the surgical ward were all elective and planned in advance. The hospital had admission criteria, and a dedicated admissions policy which meant the hospital only admitted patients they had facilities to care for. Most patients who attended the hospital were privately funded or insured patients. In addition, the hospital also participated in the NHS e-Referral Service for certain procedures. Through this service, NHS patients who required an outpatient appointment or surgical procedure were able to choose both the hospital they attended and the time and date of their treatment. The hospital had supported the local health community during the COVID-19 pandemic. They had worked closely with the local integrated care boards (ICB) and NHS trust to provide a range of services and specialities.

Surgery

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. There were no mixed sex breaches reported for the hospital.

Facilities and premises were innovative and met the needs of a range of people who use the service. Services at the hospital were provided flexibly in a purpose - built environment to suit the needs of the patient and using high specification, sophisticated equipment. Preoperative assessment (POA) consultations were also available in the evening and at weekends. A new electronic POA system had been introduced after a pilot project at Spire Nottingham. The system benefitted patients by providing a more streamlined assessment with integrated access to patient medical records which ensured important past medical history details were not missed.

Patient wellbeing was integral to the original planning of the hospital and an extensive outdoor area had been developed to allow patients to spend time outside in a protected environment with their families. This included water features and ample comfortable seating. These continued to be well maintained.

The hospital had a dedicated coffee and sandwich shop for patients and relatives which was designed to be in a central location of the hospital. There were current changes in place to ensure patients and relatives could access drinks during evening visits.

Staff were able to sign post patients or colleagues to mental health liaison and specialist mental health support. The service also had 3 identified mental health first aiders. They were available to provide initial support and further signpost people to appropriate help.

The service had systems to help care for patients in need of additional support or specialist intervention. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The hospital worked with local commissioning groups to support the NHS with waiting list initiatives and specialist services. Since our 2018 inspection an increase in service delivery had meant for example children's services, spinal surgery and more recently cardiac surgery were now performed in conjunction with specialist teams from local NHS trusts.

The services were flexible, provided informed choice and ensured continuity of care. Managers monitored and took action to minimise missed appointments. Patients were contacted immediately and offered new appointments that fitted around their other commitments.

Feedback from the local trust and commissioning groups was consistently positive and mentioned how safe patients felt having their treatment at the hospital and how the logistics ran smoothly.

Meeting people's individual needs

The service took a proactive approach to understanding the needs and preferences of different groups of people and to deliver care in a way that met these needs. This included people with protected characteristics under the Equality Act. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff completed equality and diversity training annually as part of their mandatory training. At the time of our inspection training compliance across staff working in the surgery service was 93%. Staff gave us several examples of supporting patients with protected characteristics under the Equality Act. Staff we spoke with displayed knowledge and understanding of the training on equality and gave examples of how they applied this learning.

Surgery

The service had an in-date equality and diversity policy which we reviewed and found to be detailed. Further, the service completed equality impact assessments for each of their internal policies. Equality impact assessments are tools used to identify any negative impact a policy may have on a group of people with protected characteristics.

The service had been accredited with an autism inclusion award. The Autism Accreditation Programme is the UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice. It is a way for organisations to show they offer excellent support to autistic children and adults.

Wards were designed to meet the needs of patients living with dementia. Surgical patients' individual needs were discussed during booking and pre-admission assessment. Staff used this information to provide safe care and treatment and mitigate any risk to the patient. Staff on the ward had completed dementia training and there was a nominated dementia champion for the ward. A dementia pathway was in place, patients over 75 years of age were screened for dementia using the Abbreviated Mental Test Score. If the test indicated the patient may be living with dementia their GP was informed and ward staff if they were admitted to the hospital.

There was a patient bedroom specifically designed for patients living with dementia and an outpatient room in order that patients and carers were supported.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Ward staff showed us a dementia box they had created for patients living with dementia. It contained items that would make the patient's stay in hospital easier, such as simple signs and a calendar clock. Carers or relatives were encouraged to stay in hospital to reduce anxiety in patients living with dementia or learning disability. The ward had a folding bed that could be made up in the patient's bedroom.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. If during pre-admission assessment staff identified the service could not meet the patient's needs, staff would not treat the patient at the hospital and refer the patient to an alternative health care provider who could support the patient. The hospital did not have the facilities to support the care of patients with high complex needs. Therefore, this patient group was not admitted to the hospital. However, patients who had a learning disability or dementia could be admitted subject to the outcome of tailored preassessment.

The service had access to information leaflets available in languages spoken by the patients and local community. Patients received information explaining about their surgical procedures and what to expect throughout their hospital visits. This information was designed to address patients' questions about their forthcoming procedures. Information included details on preparing for hospital, what to bring with you and what to expect following their treatment. This information was also available to patients on the hospital's internet webpage.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an interpreting service for patients whose first language was not English and signers if needed. We saw posters in different languages which explained services the hospital offered, such as verbal translation and interpreter services and how to make a complaint. Staff we spoke with were aware of how to use these services and gave us examples of supporting patients who needed an interpreter. Further, staff were aware of the national guidance to not use family members, friends or staff members who could speak a foreign language, unless in an emergency. All departments also had access to British Sign Language interpreters for patients who used sign language to communicate with others.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Catering service assistants were available to discuss requirements and the chef would also discuss individual preferences with patients as required. For example, an alert was sent out as a result of the electronic 'This is me' booklet which identified the patients' favourite sweets, newspapers and preferred meals[CR4] . The catering staff went out of their way to purchase sweets and papers on their way into work. Mealtimes were also adjusted to ensure the patient was able to maintain as much of their usual routine as possible.

Staff had access to communication aids to help patients become partners in their care and treatment. The hospital had measures to meet the Accessible Information Standard. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. At the daily hospital staff meeting patients who met the accessible information standard criteria were discussed to ensure their information and communication support needs were met and they received smooth patient care across the hospital. Information leaflets were also available in large print and could be obtained in Braille if required. Hearing loops were available across the site.

Access and flow

People could access the service when they needed it in a way and at a time that suited them. They received the right care promptly. Technology was used innovatively to ensure people had timely access to treatment, support and care.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The hospital followed corporate and local policies and procedures for the management of the patient's journey, from the time of booking the appointment until discharge and after care. Staff we spoke with were aware of these policies and procedures. The hospital offered a flexible service that included variable appointment times and choices regarding when patients would like their treatment, subject to consultant and nurse availability. The hospital had established a clear booking process for appointments and hospital admissions. Patients told us the hospital had a good and efficient booking process. As per NHS guidelines, NHS patients attending the hospital had their referral to treatment time (RTT) recorded.

The hospital also had an up-to-date referral policy, which we reviewed and found to be in line with national standards. In the past 12 months, the hospital reported an average RTT of 65% for NHS surgical patients. This meant the hospital did not meet the target of 92% of NHS admitted patients beginning treatment within 18 weeks of referral. However, this was as a result of the patients breaching the target at the NHS hospital prior to referral to the service. Patients were offered an appointment within a maximum of 2 weeks from referral.

Managers and staff worked to make sure patients did not stay longer than they needed to. The surgery service could conduct their patient pre-assessment either over the telephone or face-to-face dependent on the type of surgery they were having. The hospital offered both day-case or inpatient surgical procedures. Day-case surgery did not require an overnight hospital stay. Inpatient surgery required the patient to remain overnight or longer after the surgery was completed, for care or observation. Day-case patients were told to bring an overnight bag with them just in case they were required to stay overnight. For example, if the patient was nauseous after surgery or had no support at home. We were given examples by staff when this had happened.

Managers worked to keep the number of cancelled appointments/operations to a minimum. Patients completed a health questionnaire in which they were asked to declare any medical conditions and the preoperative assessment nurse also recorded the patient's past medical history. This meant that patients who were at risk of complications or deteriorating medical conditions were not accepted for treatment at the hospital. This reduced the risk of cancellations.

When patients had their appointments/operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service monitored cancellations to look for trends, themes and contributing factors. During this time period the highest factor in non-clinical cancellations was patients' choice not to have the operation.

Managers monitored that patient moves between wards/services were kept to a minimum. The booking team added patients to the hospital's patient information management system. This meant staff working throughout the hospital could track patient details and appointments.

The service moved patients only when there was a clear medical reason or in their best interest. These moves would be on clinical requirement of more intensive treatment or transfer to an NHS provider.

Managers and staff worked to make sure that they started discharge planning as early as possible.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. Communication with relatives and carers was commenced even before admission to ensure discharge was planned effectively.

Staff supported patients when they were referred or transferred between services. The service had service level agreements for transfer to local NHS providers for adults and children. Transfers could also be arranged to or from other Spire hospitals depending on patient need.

Managers monitored patient transfers and followed national standards. From December 2022 to November 2023, there were 5,770 admissions (Inpatient and Day case), 379 cases in total were cancelled for non-clinical reasons which was 0.07% of total admissions. Of these 166 were unavailability of a consultant.

Learning from complaints and concerns

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

The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared.

Patients, relatives, and carers knew how to complain or raise concerns. People who used the service and others were involved in regular reviews of how the service managed and responded to complaints. We saw 'Please talk to us' leaflets which described the complaints process to patients and action the patient could take if they were not satisfied with the response, such as contacting the Parliamentary Health Services Ombudsman or the Independent Healthcare Sector Complaints adjudication service.

The service clearly displayed information about how to raise a concern in patient areas. Patients could make complaints in several ways, verbally, by telephone and in writing by letter or email. We saw posters throughout the surgery service explaining how patients could make a complaint. The hospital's webpage had a detailed page explaining the complaint procedure and how to make a complaint or raise a concern.

Outstanding ☆

Surgery

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were aware of the complaint's procedure. Clinical staff told us they always tried to resolve any issues or complaints at the time they were raised. If this were not possible, patients could be referred to the nurse in charge in the first instance.

Managers investigated complaints and identified themes. The hospital followed the Spire Healthcare complaints policy which gave clear processes and timeframes for dealing with complaints. Any complaint themes or trends were analysed, and actions put in place to reduce recurrence.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Patient's concerns and complaints were taken seriously, complainants were informed of the progress of the complaint investigation and learning identified was shared widely. The hospital director had overall responsibility for the management of complaints. The average time to respond to complaints in the past 10 months at the hospital was 27 days which did not meet the internal 20-day target. The hospital received 130 complaints between January and November 2023 with 33 complaints relating to the surgery service. Complaints in the surgery service tended to relate to delayed or cancelled surgery. None of these complaints had been referred to the Parliamentary and Health Service Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw evidence that hospital complaints were discussed and addressed at the clinical governance meetings, in the medical advisory committee and departmental meetings. Staff said learning from complaints and concerns would be communicated to them at handovers, team meetings, emails and notice boards. Complaints were also discussed at the daily safety huddle meetings, meaning heads of departments heard about complaints from elsewhere in the hospital. This promoted shared learning from incidents throughout the hospital.

Staff could give examples of how they used patient feedback to improve daily practice. Staff explained a poster in the preassessment area had been developed after a complaint from a patient.

Is the service well-led?

Outstanding ☆

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

Leadership

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.

There was a clear management structure with defined lines of responsibility and accountability. There was strong collaboration and support across all departments with a common focus on driving and improving the delivery of high-quality patient centred care and people's experiences.

Outstanding ☆

Surgery

Day to day leadership of the surgical service was managed by the pre assessment, ward and theatre managers and the director of clinical services.

Leaders at all levels demonstrated high levels of experience and capability to deliver sustainable care. Leaders had a strong understanding of issues, challenges and had a good grasp of the priorities of the service for example the refurbishment of the ward. All staff spoke highly of their managers and spoke of good teamwork and support. They commented on the friendliness and visibility of the senior leaders and of being able to approach them.

Leadership development was embedded within the service. Staff told us they were supported by their managers to develop their skills, access development opportunities, and take on more senior roles.

There was inclusive and effective leadership at all levels. Senior staff empowered staff to develop professionally and contribute to the development of the service.

Staff on the surgical ward had been upskilled to manage cardiac surgery patients. Ward managers supported staff to develop by encouraging them to join courses. Staff we spoke with knew the names of the senior leadership team. Staff told us they were visible and regularly visited the wards and attended staff meetings.

Staff felt that the management structure of the hospital allowed for increased development of staff. Heads of department were empowered to address issues themselves before escalating. The hospital director and the medical advisory committee (MAC) chair met regularly. The MAC had a stable membership and our discussions showed there was open communication with the hospital senior management team. Discussions were documented and described as honest, robust, and supportive.

This demonstrated a shared focus on delivering good governance and quality patient care.

There was clear leadership, and staff knew their reporting responsibilities and took ownership of their own working areas. Staff were seen to be sharing ideas and between teams and working together to gain an understanding of each other's roles as the newly enrolled services developed.

This was evident in relation to staff on the ward and pharmacy in particular working seamlessly to provide a quality service to the patients throughout their stay.

As during our previous inspection from the conversations, we had with staff and senior managers, the data we reviewed and the action plans and learning identified, it was clear that leaders could recognise challenges to good quality care and identify actions to address them.

There was a culture of openness and honesty, this was evident from the incident reporting process, complaints process and the way the hospital continued to market its services.

A raising concerns policy, duty of candour policy and appointment of freedom to speak up guardians supported staff to be open and honest. Staff told us they attended duty of candour training and described to us the principles of duty of candour.

Staff told us they felt respected and valued. All staff were given a Spire Healthcare welcome handbook on appointment which contained all the information they needed to carry out their roles effectively including uniform policy and details of the employee assistance programme.

Outstanding ☆

Surgery

There was an overall emphasis on safety and quality throughout the hospital from the quality of the food provided to the procedures and checks in place to ensure patient safety.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

The provider's vision was: To be recognised as a world class healthcare business and its values as an organisation were:

- Driving clinical excellence
- Doing the right thing
- Caring is our passion
- Keeping it simple
- Delivering on our promises
- Succeeding and celebrating together.

The vision, mission and values were displayed on the ward and screen savers.

The clinical strategy was underpinned by the provider's purpose which was to 'make a positive difference to people's lives through outstanding personalised care.'

Continued progress against this strategy was being made through ongoing development and improvement. This was especially important as the hospital patient numbers have risen exponentially since our last inspection. The hospital was scoring higher in the patient satisfaction surveys, over 97% rated care as either very good or good and 87% of staff were proud to work at the hospital in the most recent staff survey.

The service had a road map for the future to 2025 and beyond, striving to increase specialised services, become a regional centre of excellence and creating credible magnet services.

Key initiatives to support this journey included consultant engagement, succession planning, embedding hub working, NHS partnerships and recruiting and retaining staff.

We saw the hospital's values and objectives were displayed on staff noticeboards and staff we spoke with knew of these and their individual service objectives (theatre, surgical ward, and pre-assessment) and described these as forming part of their discussions in team meetings. We saw in team meeting minutes that objectives were discussed. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.

Surgery

The hospital's objectives included a focus on improving staff sense of belonging at the hospital by creating succession plans for all heads of departments and leaders and celebrating awards programmes, staff who have provided excellent patient care and customer experience.

There was a focus on audit and research opportunities across the consultant body, sharing performance results at conferences and in journals, expanding therapies and supportive services and integrating with multidisciplinary teams.

The surgical service had a clear vision and set of departmental objectives, which were focused on delivering safe, high quality, patient centred care. Surgical service objectives included plans to increase speciality skills within all areas of the service, utilising other high performing teams from other hospitals managed by the provider and external education opportunities; tailoring professional development plans and providing mentorship to strengthen the role of heads of department and their deputies to prepare them for further career advancement; celebrating exceptional work and patient care through personal feedback and awards systems; working closely with consultants to perform in the top metrics for theatre utilisation to minimise on the day cancelations by ensuring robust pre-assessment and ensuring a seamless patient pathway in all areas.

The service objectives aimed to reduce pressure on local NHS hospitals by continuing to collaborate closely with consultant secretaries and NHS links by promoting theatre space and taking ownership to secure complex cases. Staff knew and understood the values and objectives for their service, and their role in achieving them and were committed to providing safe care and improving patient experience.

Staff had a clear understanding of what the service wanted to achieve and there was a sense of motivation and enthusiasm amongst the team in all areas from pre-assessment, wards, and theatres in relation to the objectives which had been set.

Culture

Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, Staff felt respected, supported, and valued. They were completely focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided multiple opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

There was a strong, visible, patient centred culture within the service. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

Staff we met with were welcoming, friendly and passionate. It was evident that staff cared about the services they provided and were committed to providing the best possible care to their patients. Staff told us that they felt supported by their departmental managers.

There a was strong collaboration, teamwork and support across all areas and a common focus on improving the quality and sustainability of care and people's experiences.

Staff told us that they worked together well and made shared decisions. The service had 2 freedom to speak up guardians and 3 ambassadors who were trusted and respected throughout the hospital.

Surgery

All staff we spoke with were able to identify the guardians/ambassadors and knew how to contact them if they had concerns. We also saw posters displayed on the wards about the freedom to speak up.

Staff were encouraged to develop and further their skills for example, physiotherapist's completed further study at master's level and were supported to develop a specific orthopaedic clinic which enabled patients to be seen in a more targeted way. These clinics were provided alongside consultant clinics and enabled increased communication and increased care provision for patients.

The service had developed a new critical care resident doctor program to develop and collaborate with services across the region. A bank model was developed which offered regional speciality trainees' additional employment at a lower intensity to their NHS work. This was of benefit to trainees who for personal, professional or health reasons might wish to do additional hours but cannot commit to shift patterns in the NHS. The program included continuing professional development sessions targeted at the "hidden curriculum" - topics which are difficult to gain experience and expertise as part of standard NHS training programs, for example ethics and decision making, communication skills, management, governance, healthcare finance and commissioning. The program offered benefits to the local health care sector by adding additional training and experience which was not previously available, whilst increasing the quality, experience and expertise of medical care in the independent sector and future opportunities to grow cross sector research and quality improvement in collaborative arrangements with local trusts and universities.

There was a complaints policy and system for patients to provide compliments and complaints. There were two main ways for patients to provide feedback, the first was a written feedback form that could be posted in a feedback box at reception. The second was an electronically submitted feedback form. The link to this was also detailed on the written feedback forms. All staff and patients we spoke with told us they would feel confident to raise concerns if they needed to.

The service had a hospital-wide Inspiring People Awards system where any member of staff could nominate someone for inspiring others and going the extra mile. Nominations were shared at the daily safety huddle meeting with awards presented by the hospital director.

The daily safety huddle meetings included time where the teams could share feedback about a member of staff who had been particularly supportive or received a compliment.

Staff education and development was extremely important to the leadership team and training opportunities were regularly shared and discussed at appraisal reviews and clinical supervision sessions. We spoke to several staff that had been seconded on to registered nurse and associate nurse courses. We also spoke with staff that had started at the hospital when it opened and had developed their career in house to senior nursing and leadership roles.

The provider had an up-to-date WRES (workforce race equality standards) report for 2022- 2023, with detailed information which would be used to improve staff support and progression. The service recognised the need for more efforts to recruit people with protected characteristics, particularly at executive level and had clear actions planned to achieve this. As part of the equality, diversity and inclusion strategy the service held training workshops for the management team around how to build an inclusive culture, understand the meaning of diversity and inclusion, and also to build "allyship" in the workplace; addressing behaviours that do not align with the service values. The service also held an equality, diversity and inclusion (EDI), foundation workshop with an independent EDI consultant.

Surgery

Processes and procedures were in place to meet the duty of candour. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised. When incidents had caused harm, the duty of candour was applied in accordance with the regulation. The hospital collected data from patients and used it to monitor performance and put in measures to improve patient care.

Governance

Leaders operated effective governance processes, which were proactively reviewed throughout the service and with partner organisations. A systematic approach was taken to working with other organisations to improve care outcomes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were governance structures, processes, and systems of accountability to support the delivery of good quality services and safeguard high standards of care. The hospital's governance and assurance framework were supported on site and by Spire Healthcare, such as medicines management and infection control.

Each committee had terms of reference which were reviewed annually. The committees met regularly and fed to the MAC, and corporate quality governance board. We reviewed the minutes of the last three MAC meetings and saw they discussed incidents, complaints, audits, new appointments, and practising privileges.

Clinical effectiveness meetings had been increased from quarterly to monthly. Incident review meetings were conducted weekly for managers to review incidents and consider actions. Discussions were therefore current, and incidents were investigated promptly. Leading to quality improvement projects being developed at pace to address issues and put actions into place. Staff we spoke with explained an action that had taken place in theatres as a result of a rapid response review and then an immediate action by theatre staff to look at improvements.

The daily safety huddle meeting with all department heads was detailed. Each department fed back their staffing situation including how many agency staff there were. There were updates including any returns to theatre, patient transfers, new incidents reported, safeguarding issues, infection, prevention and control, complaints, consultant daily visit compliance and any issues from the resus huddle. Leaders on site were clarified and mental health first aiders identified. Any flash alerts from other Spire locations were also shared.

There was a clear policy about the introduction of new surgical procedures. Applications were reviewed with the local MAC and corporately to ensure the supporting evidence was sufficient to ensure the safety and effectiveness of the procedure. They had to set out the risk and benefits to patients of the procedure, as well as the cost. Practicing privileges is a term used when doctors have been granted the right to practice at an independent hospital.

The policy included the granting of practising privileges, and roles and responsibilities. The hospital director and MAC had oversight of practising privileges arrangements for consultants. We saw evidence in MAC meeting minutes of discussion about renewing or granting of practising privileges. Most consultants also worked at other NHS trusts in the area. To maintain practising privileges, medical staff had to provide evidence of an annual whole practice appraisal, indemnity cover, an up to date disclosure and barring service (DBS) check and evidence of completed training.

A biennial review was undertaken for each consultant's practice by the hospital director. There were systems to ensure that data and notifications were submitted to external bodies as required. The hospital submitted data to the Private Healthcare Information Network. They also collected Patient Reported Outcome Measures data for certain surgical procedures, such as hip and knee replacements. The service participated in national audits including the National Joint Registry.

There was a systematic programme of internal audit used to monitor compliance with policies such as hand hygiene, health and safety and patient pathways. Audits were completed monthly, quarterly, or annually by each department depending on the audit schedule. Results were shared at relevant meetings such as governance meetings. Monthly ward meetings were held, regular agenda items included learning from incidents, training and development, audit results, risk management, complaints, and patient feedback.

The hospital director had regular meetings with the chair of the MAC. There was also a weekly summary of the incident review meeting issued. Further, the service had a service level agreement with the local NHS trust to ensure rapid response, multi-disciplinary working, and continuity of care.

There was an effective governance framework in the hospital, which gave robust assurance about the quality and safety of services. The provider held meetings through which governance issues were addressed. The meetings included the MAC, Heads of Department, Clinical Audit and Effectiveness and Clinical Governance Committee. We saw the hospital committee structure organisation chart for 2023 and it was clear which committees were active and who chaired each meeting.

The hospital had a clinical scorecard that had key performance indicators that were reported quarterly. Results were benchmarked and tracked against group performance targets. Staff told us this was used for quality improvement.

We saw evidence at Clinical Governance and departmental meetings that results were discussed.

All staff were aware of the clinical scorecard which had a number of key performance indicators related to patient safety. The scorecard was seen to be displayed in all clinical areas visible to staff.

There was strong engagement with consultants working at the hospital.

Most consultants worked at the local NHS hospital. The MAC chair and the Hospital Director had close links to the local NHS hospital medical directors to ensure open lines of communication. There were reviews of consultant practice to ensure that the consultants were working within their own scope of expertise.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. The organisation reviewed how they functioned and ensured staff at all levels had the skills and knowledge to use systems and processes effectively. Problems were identified and addressed quickly and openly. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There were robust processes for identifying, recording, and managing risks. Each department had a local risk register, alongside a hospital-wide risk register. Known risks and mitigation in the surgical service were discussed at senior team governance meetings such as the monthly clinical audit and effectiveness committee and the quarterly medical advisory committee.

The surgical service had a risk register which we reviewed and found that each risk had a rating, a named risk owner and a review date. Risks included post operative infection or pulmonary embolism and cancellation of a procedure specific to a particular piece of equipment. Mitigation of risks was clear, and we observed evidence of compliance specific to the risks identified.

The POA team could request multi-disciplinary (MDT) at any time and there were theatre planning meetings held the week before where there was another opportunity to request an MDT if they had concerns. These meetings were minuted and had the decision recorded in the patient record.

A quarterly Learning from Incidents newsletter was shared with all staff and a weekly incident review meeting held with all Heads of Departments and Senior Management Team to learn from incidents and celebrate successes and good practice.

The service encouraged Excellence reporting which was promoted daily and recorded in the incident reporting system to celebrate when things go right. This could be excellent management of an incident or complaint, or where a colleague had gone the extra mile in their work.

Information Management

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

The service collected data and analysed it, in easily accessible formats, to understand performance. The information systems were integrated and secure. Data or notifications were submitted to external organisations. The provider had systems to ensure notifications of serious incidents causing harm to patients were reported in line with national requirements. The service used paper records. Nursing and medical patient records were combined within the same record. This meant all health care professionals could follow the patient pathway clearly.

Systems were in place to gather, analyse and share data and quality information with staff, key stakeholders, and the public. The hospital had access to local information and other Spire Hospital information to benchmark services.

The service had a website where people could access information about the surgical procedures available and which would be useful when visiting the hospital. Staff had access to the intranet to gain information relating to policies, procedures, professional guidance, and training.

A range of IT systems were used to monitor the quality of care. An electronic staffing safe care tool was used by the hospital to analyse staffing ratios against the acuity of patients.

Engagement

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

There was consistently high levels of constructive engagement with staff and people who use services. People's views and experiences were gathered and acted on to shape and improve the services and culture. A patient forum led by the patient experience manager was held quarterly. Complainants were often invited to this for feedback.

The director of clinical services visited a few patients each morning and fed back any issues identified. Learning was shared at the safety huddles.

Outstanding ☆

Surgery

Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding the service to account. The hospital continued to collaborate with the local NHS trust and the integrated care systems locally to ensure they were taking the correct patients and met quality key performance indicators.

We spoke to the housekeeping team, who had received an award following an inspection visit. They received a Gold Cap Award the feedback to the team identified , "An inspirational performance delivered by the Housekeeping Team at the Spire Nottingham Hospital. It was a delight to see the meaning of teamwork and unity during the unannounced housekeeping assessment visit in May. The focus and drive of the whole team aimed at achieving their Gold CAP Award was a fantastic experience. A great credit to the housekeeping world and the important role performed."

Staff told us they were proud to work for the hospital and felt very supported by senior management. We also saw that various events had been organised to boost staff morale and improve engagement with all staff members.

The hospital actively engaged with staff and the public by a variety of communication methods gather feedback from people who used services and the public. There was a demonstrated commitment to acting on feedback. They took on board comments and suggestions and acted accordingly to address issues.

An annual staff survey took place which translated into an action plan which was shared with staff. We saw the 'You said/ we did' action plan displayed on notice boards. Staff had asked for more information on hospital performance and other key issues so in response, managers had implemented additional communication methods. They also held a colleague engagement commitee and seperate staff forums made up of representatives from each department who could raise concerns or make suggestions on behalf of other members of staff.

Staff told us they could raise concerns with senior staff or line managers, or the freedom to speak up guardian. Posters were displayed in prominent areas with details of the freedom to speak up guardian. Staff were also aware of the hospital whistle blowing policy.

In the hospital consultant survey, 87% of consultants rated the service as excellent or good. This placed the hospital 4th out of 40 hospitals in the Spire Healthcare group.

The hospital monitored patient feedback, during our previous inspection the hospital had a limited number of patients, (approximately 350), as it was a new hospital. During that time, they had patient satisfaction scores of 90%. Patient numbers had increased and were now at 5,768 with patient satisfaction scores of 97%. All staff were extremely proud that they were receiving such positive feedback particularly as the number of patients seen had increased so much.

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.

Spire Nottingham Hospital were committed to learning and improving services. Safe innovation was celebrated. There was a clear, systematic, and proactive approach to seeking out and embedding new and more sustainable models of care.

Outstanding ☆

Surgery

This was a new build hospital in 2017. At the beginning the hospital developed to build the brand locally with other more established providers and attract consultants, staff and patients. In order to continue with this growth and learning the senior team and the staff, had developed strong working relationships with local trust and commissioners in order to develop services to support the treatments required in the local area. The opening of the critical care unit and the development and introduction of specialist spinal and cardiac surgeries

To ensure the safe introduction of cardiac surgery to the hospital 26 staff from all disciplines were involved in a 'full dry run' of the whole admission process from pre-operative to discharge. This ensured the full multidisciplinary team were fully aware of the whole process and any amendments or updates could take place prior to the first patient admission.

There was a continued focus on efficiency and capacity with addition of Saturday theatre lists, evening, and Saturday clinics, as well as one stop breast and cardiac clinics twice a week.

Staff and managers looked for continuous improvement by learning from incidents and complaints, implementing new evidence - based practice and responding to feedback from patients and other stakeholders. For example, the introduction of the this is me document for use in pre assessment to support individualised care planning and individualised plans of care for complex orthopaedic patients from pre op to discharge.

Staff in theatres showed us a learning video which was used to share information about a never event and a near miss.

We spoke to the housekeeping team, who had received a Gold Cap award following an inspection visit. Delivering an "inspirational performance", "the focus and drive of the whole team aimed at achieving their Gold CAP Award was a fantastic experience. A great credit to the housekeeping world and the important role performed."

Quality improvement methods were used across the hospital to improve care for example a project specific to medication incidents enabled a reduction in incidents and the learning was shared across the Spire group.

The provider ran a staff reward scheme called 'Inspiring People.' Nominations were received from all hospital staff and each month several members of staff were selected to receive a gift voucher in appreciation of what they had achieved. Staff could also nominate colleagues to the annual Spire Healthcare award scheme.

The service had updated their National Safety Standards for Invasive Procedures (NatSSIP), and this was now embedded in practice. The NatSSIP brings together national and local learning from the analysis of 'never events,' SI's and near misses through a set of recommendations that enable staff in providing safer care for patients undergoing invasive procedures.

The service participated in research during the COVID-19 pandemic, in order to ensure safe surgery was continued in conjunction with a local NHS hospital and oversee business continuity plans and prioritisation of clinically urgent and cancer cases.

Working groups were set up in order to develop specific care for hard to diagnose patients particularly patients with a particular nerve disorder that involved treatment from a number of professions. The working group developed a pathway to identify patients, refer them through the correct channels to ensure effective investigations and treatment. This was an excellent example of collaborative working to improve patient satisfaction and clinical outcomes.