Circle Health Group Limited

The Highfield Hospital

Inspection report

Manchester Road
Rochdale
OL11 4LZ
Tel: 01706655121
www.circlehealthgroup.co.uk/hospitals/the-highfield-hospital

Date of inspection visit: 06 April 2022, 12 April 2022
Date of publication: 08/08/2022

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

Ratings

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

Summary of findings

Overall summary

We inspected only the surgery core service. We rated it outstanding overall. In the light of this, we decided to change the ratings for the hospital overall to reflect the improved performance of the surgery service.

Please see the Surgery section for more information about that service.

For more information about this hospital, including ratings for all its services, see our website: cqc.org.uk/location/1-128766862

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 improved. 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 provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. • Managers monitored the effectiveness of the service through a programme of continual, ambitious auditing and benchmarking. They made sure staff were competent by providing an extensive programme of continual professional development. • Staff worked well together for the benefit of patients and used a wide range of multidisciplinary opportunities to explore opportunities for improved care. Staff advised patients on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week and staff sought an expansion of some services where this would improve patient outcomes. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and adapted care delivery based on individual needs. • The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. The service aimed to reduce waiting times for NHS patients and prioritised those who had already exceeded national maximum waiting times.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills through a programme of engagement. Staff understood the service's vision and values, applied them in their work, and used provider standards to challenge the status quo. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care and creating a working environment that promoted innovation and development. Staff were clear about their roles and accountabilities. The service engaged meaningfully with patients and the community to plan and manage services and all staff were committed to improving services through research and exploration of new evidence-based practice.

However:

- Staff supervisions in some areas were not consistently carried out.

Summary of findings

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Summary of this inspection

Background to The Highfield Hospital

The Highfield Hospital is operated by Circle Health Group Limited. It offers elective surgical services as well as outpatients and diagnostic imaging. At this inspection we inspected surgical services.

Surgical services are carried out from a pre-assessment unit, four operating theatres, a post-anaesthesia care unit, and two inpatient wards. The hospital has a physiotherapy gym. The hospital has 43 beds and three ambulatory pods with a total of 12 ambulatory chairs. Four of three theatres have laminar flow.

Clinical specialties include orthopaedics, hip and knee, ear, nose, and throat, and spine.

The hospital primarily serves the communities of the Rochdale area. It also accepts patient referrals from outside this area. Up to 75% of surgical patients are cared for on behalf of the NHS.

The hospital has had the current registered manager in post since 2020 and is registered to provide the following regulated activities:

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

We last inspected surgery services at The Highfield Hospital in July 2019. At that inspection we rated the service as good overall and good in each domain.

We rated this service as outstanding because it was safe, effective, caring, responsive, and well led with several areas of innovation.

How we carried out this inspection

We carried out an unannounced inspection of the service on 6 April 2022 using our comprehensive methodology. We carried out a number of interviews after the inspection on 12 April 2022. We included the pre-assessment unit, theatres, surgical inpatient wards, the post-anaesthesia care unit (PACU), and the physiotherapy service in our inspection. We also visited non-clinical areas to understand the patient and staff experience.

The inspection team consisted of two inspectors and one specialist advisor with support from an inspection manager.

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:

Summary of this inspection

- Staff had developed a comprehensive range of audits to benchmark standards against local, regional, and national standards. The programme was above and beyond standard clinical expectations and reflected a working culture focused on developing effective care.
- Levels of engagement with staff, patients, and regional health partners was extensive. The senior team actively empowered staff to plan and suggest business cases for new initiatives, which resulted in a range of evidence-based innovative work across surgery.
- A persistent focus on research and project management led to a series of widescale improvements and innovations, including greater operating theatre efficiency.
- The effectiveness of governance processes meant all staff had a deep understanding of the status of the service at any given time. Staff at all levels were engaged with governance and the service trialled new systems and processes to test opportunities for improved care.
- Patient feedback was consistently of an exceptional standard. Staff sought feedback from all patients and succeeded in building a culture of continual, interactive communication.
- The hospital had firmly established itself in the regional health system with a range of initiatives that built mutually productive relationships and contributed to better health. This included region-wide partnerships to address a recent increase in domestic violence and death by suicide.
- The pharmacy team were deeply embedded in the success and development of surgery services. The team embedded care planning systems at the pre-assessment stage of surgery, implemented multidisciplinary antimicrobial stewardship standards, and developed improved pain relief management.
- There was a culture of establishing an evidence base to direct policy changes. Staff shared local learning across the provider's network as good practice to help other hospitals develop their work.
- Throughout all our conversations with staff, there was a persistent, committed focus on development and improvement. Staff based plans on evidence, research, and exploration and were demonstrably dedicated to improved clinical practices and outcomes.
- Staff had developed comprehensive support pathways for patients with additional support needs. This included one-to-one support throughout the surgical pathway and the maintenance of medicine stocks to treat drug and alcohol withdrawal.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should continue to ensure all staff have regular supervisions.
- The service should ensure consistent documentation of temperature monitoring of medicine storage areas and ensure documentation for medicine expiration dates is consistent.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

The service provided 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. At the time of our inspection 98% of staff were up to date, which was better than the provider's target of 95%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff undertook training adapted to their role. For example, blood transfusion training was tailored to various roles, such as healthcare assistants, registered practitioners, or porters.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The provider had a recognition of prior learning (RPL) policy that enabled managers to review the prior learning of agency and bank staff. RPL meant senior staff were assured of the key skills of temporary staff without the need to repeat training certification they already held.

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.

Staff received training specific for their role on how to recognise and report abuse. Each member of staff completed training to a level commensurate with their role. All staff completed level two adult and child safeguarding training and service leads and senior staff completed level three training. At the time of our inspection 99% of staff were up to date with training. Safeguarding training was in line with the national intercollegiate document and two senior members of staff were trained to level four. The two members of staff coordinated their annual leave so that someone was always available on call.

Surgery

Staff completed the government's PREVENT training to help them identify and act on people at risk of radicalisation and 99% were up to date.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This was a mandatory training requirement and 97% of staff were up to date.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The provider demonstrated learning, development, and improvement in safeguarding practices.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had safeguarding governance structures that clearly defined roles responsibilities, and risk management processes. A national safeguarding sub-committee and a national lead maintained responsibility for safeguarding leadership, training, and standard operating procedures.

Staff maintained local up to date escalation processes for referrals to emergency social care duty teams and the multi-agency safeguarding hub (MASH).

The service was proactive in engaging with the local authority safeguarding board and had an independent liaison officer. They supported the board in the delivery of campaigns based on local need, such as a new drive to support victims of domestic violence. The director of clinical services was working to increase awareness amongst staff of the signs and impact of domestic violence following an increase in death by suicide in the local area.

Staff followed safe procedures for children visiting the hospital. The senior team had implemented training from the National Institute for the Prevention of Cruelty to Children (NSPCC) for all staff. While the service did not treat children, they recognised children could visit or accompany relatives and wanted to ensure staff knew what to do if they had concerns about welfare.

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.

Surgical areas were clean and had suitable furnishings which were clean and well-maintained.

The service performed well for cleanliness. Staff monitored infection prevention and control (IPC) standards using a series of five bi-monthly audits. The audits benchmarked practice against National Institute of Health and Care Excellence (NICE) guidance and included standard precautions, hand hygiene, and management of invasive devices such as catheters. In the previous 12 months all audit results reflected compliance at or above the provider's 95% target.

Staff completed IPC training to a standard appropriate to their role and 100% were up to date.

Staff used records to identify how well the service prevented infections. Staff monitored and reported six types of hospital-acquired infections, including Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (*C. Diff*). In the previous 12 months there had been no such infections, reflecting consistently high standards of practice.

The IPC lead nurse was proactive in monitoring practices and outcomes and implementing training or coaching. They delivered aseptic non-touch technique (ANTT) training to staff during planned sessions and weekly walkarounds through spot teaching opportunities.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service audited correct use of PPE and standard precautions to maintain consistent practice. In the previous six months staff achieved 97% compliance. Clinical staff undertook competencies in face fitting masks and theatre staff checked correct use in pre-treatment briefings.

Staff followed specific hand hygiene protocols set by the provider and based on national best practice. In the previous six months, the hand hygiene audit found consistent practice, with 99% compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. In the previous six months, audits demonstrated 95% compliance with expected standards of equipment cleanliness.

Staff worked effectively to prevent and identify surgical site infections. In the previous 12 months there had been no surgical site infections. The service had guidance in place to treat surgical site infections if they occurred.

A 2021 patient-led assessment of the care environment (PLACE) assessment scored the service 100% for compliance with national cleanliness standards.

The IPC lead carried out a weekly walkaround of each clinical area to check on standards of practice such as labelling of sharps bins and segregation of waste.

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.

Patients could reach call bells and staff responded quickly when called. Six patients we spoke with said staff had responded to their call bell without delay. During our time on the inpatient wards we found staff answered call bells quickly.

The design of the environment followed national guidance. The service was compliant with the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment.

Staff carried out daily safety checks of specialist equipment. Theatre staff followed best practice in the management of accountable items such as equipment tracing. The provider used a service level agreement for the management of sterile non-disposable equipment. Similarly, a third party organisation carried out medical device servicing and provided an on-call service for urgent needs. These arrangements ensured consistent good practice.

The service had enough suitable equipment to help them safely care for patients. The provider had a capital replacement programme to manage equipment approaching the end of its useful life. Records indicated all equipment was serviced in line with manufacturer guidance.

Staff disposed of clinical waste safely in line with DHSC Health Technical Memorandum (HTM) 07/01 (2013) in relation to the safe management and disposal of healthcare waste. Waste management was included in monthly environmental audits and staff identified areas for improvement from recent results.

Staff completed safety, health, and the environment training as part of the mandatory programme and 100% were up to date. Clinical staff completed patient moving and handling practical training as a mandatory module and 95% were up to date.

Staff followed Control of Substances Hazardous to Health (COSHH) Regulations. They stored chemicals securely and maintained up to date safety information on each item.

The service was fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. The IPC lead had secured additional training for staff to provide more advanced skills.

Spill kits were stored in key locations and included equipment to help staff contain bodily fluid spills and other similar risks.

The service had implemented increased water safety testing after finding Legionella bacteria in 2021. Processes were in line with DHSC HTM 04/01 in relation to the management of safe water in healthcare premises.

Senior staff had access to business continuity action cards to support them during out of hours shifts with reduced senior presence. This enabled shift leaders to obtain support for equipment or systems failures or events such as a false fire alarm. The system enabled the service to safely continue without interrupting clinical care unless essential.

Staff undertook fire and evacuation simulation training that included the evacuation of patients who could not walk or who were under sedation. They prepared a personal emergency evacuation plan (PEEP) for each patient on admission.

The pre-assessment unit was in a separate building and had a number of maintenance issues relating to air conditioning, IT, plumbing, and condition of the building. Staff adapted to work in the environment and patients were treated safely but there was a need for greater focus on this building.

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 continual cycle of audits to demonstrate high standards of practice that met or exceeded provider targets.

Staff used the national early warning system (NEWS2) tool to identify deteriorating patients and escalated them appropriately. The service audited standards of care in line with National Institute of Health and Care Excellence (NICE) guidance. In the previous 12 months, staff demonstrated consistent practice and the audit found 98% compliance. This was better than the target of 95%.

Staff used the 'situation, background, assessment, recommendations' (SBAR) tool during emergencies in line with NICE guidance to establish effective communication. The service audited standards of SBAR use during four-monthly audits using General Medical Council good medical practice and Nursing and Midwifery Council professional standards as benchmark tools.

Outstanding ☆

Surgery

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

Staff knew about and dealt with any specific risk issues. During our observations of four theatre procedures, staff completed risk assessments for venous thromboembolism (VTE), sepsis and temperature monitoring. Staff fitted each patient with anti-embolism stockings and used the waterlow tool to monitor pressure areas. Each operating table was fitted with a pressure-relieving mattress cover, which reduced the risk of pressure areas and staff followed national standards for perioperative care.

Pre-operative staff had completed all risk assessments in advance of each patient's surgery in all examples we checked. Staff continued pressure checks post-operatively and a risk assessment audit demonstrated consistent practice, with 100% compliance against expected standards in the previous 12 months.

Staff audited completion of VTE risk assessments and prophylaxis to assess compliance with NICE best practice. Between June 2021 and February 2022, the audit found 93% compliance against a target of 95%. This was an average figure and reflected one quarter at 89% and two quarters with results that met or exceeded the target.

The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

Theatre staff used the World Health Organisation (WHO) surgical safety checklist to maintain consistent standards in line with international best practice. During observations we saw staff actively engaged patients and each other in the process, which ensured it was safe and effective. Staff adhered to good practice in the completion of each stage of the checklist, such as 'time out' and completion of full documentation. This reflected a new 'golden patient' approach to define safe care against a framework. In the previous six months the team maintained consistent standards of practice, with 99% compliance in the monthly audit.

All staff were trained in life support and resuscitation to a level commensurate with their role. For example, non-clinical staff completed basic life support (BLS) training and nurses completed immediate life support (ILS) training. Anaesthetists, consultants, and resident medical officers (RMOs) held advanced life support (ALS) and paediatric life support training.

All clinical staff completed a care and communication of the deteriorating patient module, which incorporated sepsis management.

Pre-assessment nurses delivered care in line with NICE guidance and audited the safety and effectiveness of care pathways.

Staff undertook monthly, comprehensive audits of asepsis practice in theatres that measured staff adherence to 22 individual practices. In the previous six months compliance remained consistently high, with 100% compliance in the previous six months. This was a multidisciplinary audit that checked adherence to best practice at specific points in the surgical pathway, such as correct preparation of instructions, management of patient medications and the maintenance of a sterile field.

Surgery

Staff used monthly audits to monitor safe care practices in the management of peripheral and central venous catheters for insertion and ongoing care. In the previous six months, staff achieved 100% compliance in every measure, which reflected very high standards of practice.

Staff used an established process to monitor surgical site infections and reduce risk. The IPC lead investigated each instance and the outpatient team and tissue viability nurse worked together using tools such as medical photography to establish cause and prevention. In the previous 12 months, the service reported an infection rate of 0.3%, which reflected very good standards of practice.

Staff used an emergency critical care transfers service level agreement to manage emergencies from theatres or wards to the nearest NHS trust. This was a joint policy with regional independent and NHS providers and established a framework of best practice to guide staff.

Each department had a resuscitation trolley equipped with airway equipment, rescue medicines, and a defibrillator. Staff documented checks of equipment serviceability and security in line with local policies, such as daily, weekly, and monthly checks.

Staffing

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

The service had enough nursing and support staff to keep patients safe. A total of 48 staff provided care on inpatient wards, including sisters, senior nurses, healthcare assistants (HCAs), trainee staff, and bank staff. Two nurses and two senior HCAs led the pre-assessment service.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift. Senior ward nurses planned staffing levels based on planned operations and skill mix. There was no formal safer staffing tool for planning although the hospital had a minimum nurse to patient ratio of 1:4. They also ensured at least one senior HCA was present on each shift, supported by junior colleagues.

The senior team maintained a minimum staffing level to ensure patient safety, which was based on the minimum number of staff needed to support a resuscitation event. An on-call team provided 24/7 support in the event a patient returned to theatre or needed an unplanned readmission. In the previous six months the service achieved a staffing fill rate of 87%. Theatre managers used the Association for Perioperative Practice (AfPP) guidelines to ensure theatres were safely staffed.

The physiotherapy team comprised a manager, a deputy, two senior physiotherapists, one junior physiotherapist, a physiotherapy assistant, and a team of bank staff.

The ward manager could adjust staffing levels daily according to the needs of patients and the number of nurses and HCAs matched the planned numbers.

The service had low vacancy rates and was recruiting for 11 nurses across the surgical service. The senior team had adopted a policy of permanent talent acquisition using a specialist to drive reliable recruitment.

Surgery

The service reported a turnover rate of 6.2% in the previous 12 months. This reflected a period of stabilising the service after clinical staff returned from supporting NHS hospitals during COVID-19 pressures.

The service had low rates of agency nurses. Between October 2021 and March 2022, agency nurses provided 16% of cover in theatres and 1% of nursing overall. A dedicated team of bank nurses HCAs, and physiotherapists supported the service. The service trained and supervised bank staff in the same way as permanent colleagues and provided them with the same development opportunities.

Managers made sure all bank and agency staff had a full induction and understood the service. The provider had an established, comprehensive 90-day induction programme for temporary staff that incorporated clinical standards and corporate policies. This included consultants working under practising privileges and RMOs.

A range of staff worked in theatres, including scrub practitioners, surgical care practitioners, advanced scrub practitioners, and surgical first assistants. The provider defined roles using national guidance and allocated roles based on levels of certification and training competence. Theatre managers used a risk assessment for dual role practitioners for some types of surgery. This included procedures with patients assessed as low risk of deterioration and with a limited risk of bleeding.

Consultant, surgeon, and anaesthetist staffing levels were pre-planned. All surgery was elective, and the hospital did not offer urgent care, which meant required clinician levels were predictable. Most doctors and surgeons worked under practising privilege arrangements. The senior clinical team and clinical chair monitored these arrangements to ensure skill mix and appropriate levels of experience were maintained.

The service always had a consultant on call during evenings and weekends.

Two resident medical officers (RMO) were based in the hospital and provided 24 hour cover. RMOs supplemented surgical care and meant patients always had access to advanced care for deterioration or a change in condition.

Overnight, one RMO, a minimum of two registered nurses, and a minimum of two senior HCAs were on duty. The service increased the number of staff in line with patient need. The service had implemented a new twilight shift from 4pm to 12am to support patients with surgery later in the day.

On call arrangements were comprehensive and reflected the changes in capacity and demand on the hospital. A senior manager was available 24/7 and an anaesthetist, recovery practitioner, consultant surgeon, consultant anaesthetist, and two scrub practitioners were on call 24/7. Each department or service lead could flex the number of on-call staff available based on demands on the service.

The practising privileges policy required the admitting consultant and operating anaesthetist to remain on call for the duration of a patient's admission. This enabled the RMO to obtain rapid support in the event a patient deteriorated.

The senior team maintained a register of DBS checks for all staff, including temporary staff and those working under practising privileges. All checks were in date.

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.

Surgery

Patient notes were comprehensive, and staff could access them easily. The service had a strong focus on standards of records and used a programme of audits to monitor consistency. Staff used the audits to benchmark standards against GMC, NMC, and NICE guidance. The pre-assessment team had adapted triage documentation from the UK Oncology Nursing Society to improve the level of useful detail gathered at this stage.

The service had introduced a peer review system for patient records. This included reviews of the quality of risk assessments. This was a new approach to auditing safe care and the first set of results were due after our inspection.

Physiotherapists used 'SOAP' notes and a day one post-surgical checklist to implement recovery care as soon as possible. The SOAP method relates to four headings of an assessment, 'subjective, objective, assessment, and plan.'

The tissue viability nurse was refreshing 'SSKIN' documentation bundles to improve usability for staff. SSKIN is a national standard that refers to 'surface, skin inspection, keep moving, incontinence, and nutrition'.

Records were stored securely. Staff stored paper records in locked areas with restricted access. The service used a digital encryption service to protect electronic data when it was stored or transferred.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. The pharmacy team took an active, multidisciplinary role in medicines management in surgery services.

Staff followed systems and processes to prescribe and administer medicines safely. Staff used NICE NG5 medicines optimisation guidance as an overarching framework for safe medicines management. A dedicated pharmacy team worked with clinical teams to ensure high standards of medicines management. This included a medicine administration audit, a missed dose audit, and an antimicrobial stewardship audit.

The pharmacy clinical services manager was the lead for antimicrobial stewardship and had worked with the IPC lead to develop an antibiotic management system to improve patient safety. This involved monitoring of blood cultures and a review of the patients' prescription one month after the procedure to check on the dose and duration. The team additionally used this process to check for the use of the correct antimicrobial agent in line with national guidance and to drive improved practice.

Staff underpinned audit measures with benchmarks from organisations such as NICE, the Royal Pharmaceutical Society, and the General Medical Council. This was best practice and meant staff had a good understanding of safety performance across a range of measures.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

The provider had an up to date standard operating procedure (SOP) for the management of Controlled Drugs (CDs) and the pharmacy team audited these in line with NICE guidance. Staff completed consistent checks on CDs in line with pharmacy best practice. This included twice daily checks and double-signing in theatres and the post-anaesthesia care unit PACU, supplemented by quarterly audits by the pharmacy team.

Staff stored and managed all medicines and prescribing documents safely in most areas. However, in theatre one and the PACU, staff could not locate documentation relating to checks on medicines expiration dates. In all other areas we found up to date, consistent record keeping.

Outstanding ☆

Surgery

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff routinely explained prescriptions with each patient, including their purpose, potential side effects, and what to do if they had questions. Six patients we spoke with said staff had explained these areas in enough detail.

The service monitored patient's perception of medicines management in a quality and feedback survey. In the previous 12 months, 97% of patients said staff had talked to them about medicine side effects.

Staff learned from safety alerts and incidents to improve practice. The pharmacy team had introduced a new medicines incident national and regional benchmarking system to compare incident frequency and type with other hospitals in the provider network. Early data indicated staff at this hospital reported near misses and incidents more often, which reflected a good practice, cautious environment.

The pharmacy clinical service manager described a good safety culture of reporting, openness and transparency. They worked one-to-one with any member of staff involved in a medicines incident and used a reflective process to identify causes and whether additional training or support was needed.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff monitored standards of patient records using a comprehensive monthly audit. This included standards of legibility, inclusion of patient information, and documented allergies. In the previous six months, audits found 91% compliance, which was slightly below the provider's target of 95%. A multidisciplinary team reviewed the audits and identified four key areas for improvement. They worked with nurses and consultants to achieve them and in interim audit found improved standards.

Staff carried out a monthly medicines management audit that included prescriptions, medicine storage, and safe use of opioids. In the previous six months, staff achieved 96% overall compliance. The team identified documentation of medicine storage temperatures as an area for improvement and addressed this through revised standards and updated training.

The service participated in antibiotic stewardship auditing. In the previous 12 months the service achieved 99% compliance with provider standards, which was better than the target of 95%.

Staff consistently monitored and documented the temperature of ambient medicine storage areas. Staff in theatres did not follow the provider's standard operating procedure in relation to the monitoring of medicines fridge temperatures. For example, there were gaps of up to six days in documenting fridge temperatures.

The pharmacy team used an electronic dispensing system. The hospital was a pilot site in the provider for a fully electronic system, which was due to be rolled out in the near future.

The pharmacy team maintained Association of Anaesthetists of Great Britain and Ireland (AAGBI) safety protocols for anaesthetic toxicity in each department. This followed national best practice.

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.

Outstanding ☆

Surgery

Staff knew what incidents to report and how to report them. They described the system as easy to use and effective in identifying opportunities for improved practice. In the previous 12 months, staff reported incidents at a rate between 0.4 and one per 100 patient visits.

Staff raised concerns and reported incidents and near misses in line with provider policy. They used an electronic reporting system, which triaged reports to the most appropriate manager for review. The senior leadership team maintained oversight of this system and monitored reports for themes and trends.

Staff understood the duty of candour and the senior team tracked events that required a duty of candour response. They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. The provider shared learning from incidents at other hospitals through an alert system. The senior team and service leads used this to identify opportunities for learning and training.

Staff met to discuss the feedback and look at improvements to patient care. The senior team monitored incident reports to identify themes.

There was evidence that changes had been made as a result of feedback. For example, staff changed post-discharge medicine procedures and guidance after a patient missed several days of a prescription. The new approach provided greater assurance that patients had adequate support at home to maintain their regime.

Managers investigated incidents thoroughly using appropriate frameworks. Patients and their families were involved in these investigations. Our review of a sample of incident reports demonstrated a comprehensive investigation process with involvement from all members of staff involved, including external professionals. Investigators clearly documented learning based on evidence from their findings and shared these across departments and other sites in the provider's network.

Managers debriefed and supported staff after any serious incident. Staff attended a daily safety huddle for their area of work. This included a discussion of active incident reports, patients with known risks, and safeguarding concerns.

Are Surgery effective?

Outstanding ☆

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The senior team encouraged staff to develop, test, and implement innovative approaches to care based on findings from audits. Staff used a comprehensive programme of 32 individual audits to monitor compliance with specific guidance,

such as that issued by the National Institute of Health and Care Excellence (NICE) and the Royal College of Professional Standards for Cosmetic Surgery. Audits were time specific such as monthly, bi-monthly, or annual and included staff in all services. For example, physiotherapists audited standards in line with Chartered Society of Physiotherapy guidance and pharmacists benchmarked standards of practice against Royal Pharmaceutical Society guidance.

The audit programme reflected the team's commitment to understanding the effectiveness of care and their drive for continual improvement. The senior team empowered staff to be innovative in their approach to care. This went above and beyond audits required to maintain baseline safety and reflected a culture of exploration and curiosity. For example, the pharmacy team worked with surgeons to establish an audit programme for cosmetic surgery that enabled them to monitor adherence to best practice standards of five relevant organisations, including the General Medical Council and Royal Pharmaceutical Society. Similarly, teams involved with blood transfusions based audits on both UK and European standards to ensure care was underpinned by the most up to date standards available.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Staff audited the pre-assessment clinic to measure clinical effectiveness and patient experience in line with the provider's care standards. The most recent results related to 2021 and found 80% compliance. The senior team implemented an improvement plan to address the areas for attention from the audit, such as more consistent anaesthetist input.

The theatre team audited standards of practice using an Association for Perioperative Practice (AfPP) framework that measured compliance with multiple NICE standards.

Staff had access to policies through a digital portal and hard copies were available in each department.

The service used a digital system to manage trends within the provider's network of infections. Microbiology laboratories submitted data directly to the portal, which meant staff changed practice and policies based on up to date information.

There was a culture of establishing an evidence base to direct policy changes. For example, following an incident, staff planned to replace post-operative venous thromboembolism (VTE) prophylaxis injections with oral medicine. They carried out a review of research to establish if this was viable and how to achieve it safely. This approach led staff to carry out discussions with patients and relatives about their preferences, which cumulatively led to a provider-level policy change.

Clinical service managers monitored NICE updates in their area of work. For example, this recently included an update to pre-assessment guidance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs and provided tailored support for patients with mental health needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Six patients we spoke with said they were happy with the standard of food and drink.

Surgery

Staff fully and accurately completed patients' fluid and nutrition charts where needed. A fluid balance champion worked with colleagues across the hospital to support consistent completion of documentation and patient monitoring. The champion had completed British Dietetic Association training to support this work.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff began a malnutrition universal scoring tool (MUST) chart for each patient on admission to manage nutritional risk.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

Patients waiting to have surgery were not left nil by mouth for long periods. Staff audited fasting standards quarterly to measure compliance with NICE guidance.

A 2021 patient-led assessment of the care environment (PLACE) assessment scored the service 100% for compliance with national standards food standards on the inpatient ward.

Staff worked with the catering contractor to implement the requirements of Sarah's Law in relation to labelling of food and understanding allergens. The patient alert system provided staff with advance notice if patients had specific dietary needs or sensitivities.

A ward sister had prepared a nutrition and hydration resource box with pictorial cards to help staff communication with patients who did not speak English. Staff adapted the box for any patient with a communication need including those living with dementia.

Pain relief

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

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

Patients received pain relief soon after requesting it. Six patients we spoke with said they felt staff managed their pain effectively.

Staff prescribed, administered and recorded pain relief accurately. Staff audited patient records quarterly to monitor effectiveness and consistency of pain relief management. The audit was comprehensive and included a check of prescribing, the use of recognised assessment tools, and whether the patient needed follow-up pain care. Audit results were consistently good and in the previous 12 months indicated 95% adherence to provider and NICE standards. The senior team acted on areas for improvement such as improving care plan notes.

A pain link nurse worked across surgery teams to provide peer review, support, and training.

A multidisciplinary team was working to improve pain management as part of an enhanced recovery programme. This was focused on the day after surgery and aimed to reduce pain while awaiting physiotherapy input. The team used an established evidence-based tool and were establishing benchmarks for key outcome measures. The project to date had resulted in successful implementation of new list timings for anterior hip surgery that reduced pain after the procedure.

Outstanding ☆

Surgery

Patient outcomes

All staff actively monitored the effectiveness of care and treatment through continual, extensive assessment processes. They used the findings to make improvements and achieved good outcomes for patients that consistently exceeded expectations. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits and staff proactively pursued opportunities to participate in benchmarking and patient outcome improvement projects. The service contributed patient outcome data to the National Joint Registry (NJR) for patients undergoing orthopaedic surgery. In the previous 12 months the service achieved 100% compliance with audit criteria. Staff worked within a standard operating procedure (SOP) for data collection that ensured they followed processes effectively. The SOP incorporated other areas of impact, such as an equality assessment and a consent assessment. This reflected best practice and ensured audits were ethical.

The service contributed to NHS Digital data collection for the Breast and Cosmetic Implant Registry as part of national good practice.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service had benchmarked orthopaedic and spinal surgery using the NHS Getting It Right First Time (GIRFT) framework. This helped staff to understand patient outcomes linked with length of stay against national standards. As a result of the exercise, staff implemented improved protocols through which to gather and assess feedback.

The service had participated in an annual review of both GIRFT outcome programmes and identified consistent areas of good practice and ranking against comparison sites nationally. While results overall were good, staff identified areas for improvement, such as restricting the practice of surgeons who did not perform operations at a frequency that supported effective practice and good outcomes.

The senior leadership team incorporated GIRFT responses as a benchmarking tool in patient outcomes measures to establish new care protocols.

The service had a very low readmission rate. In the previous 12 months, two patients had been readmitted within 12 days of their procedure. This equated to 0.03% of patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Patient outcomes were a focal point of the audit programme. For example, staff audited various aspects of patient care using NICE guidance to benchmark care standards.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. The service contributed to hip and knee patient reported outcome measures (PROMS). In the previous 12 months patient outcomes reflected a consistent trajectory of improvement across all measures, including the Oxford hip score and the Oxford knee score. Managers shared and made sure staff understood information from the audits.

Physiotherapists prioritised joint movements with patients post surgery on wards and trained nurses to work with patients to improve outcomes.

Physiotherapists monitored outcomes using standard provider outcome measures. The team was involved throughout the patient pathway, from pre-assessment to discharge as part of a strategy to target mobility as a key recovery measure.

A project manager leading the enhanced recovery programme was benchmarking length of stay data with other independent and NHS hospitals nationally. This was to improve efficiency and patient experience through optimising care pathways.

The pharmacy technician joined patients at the pre-assessment phase for those undergoing higher-risk surgery. This was a new initiative designed to help the pharmacy team maintain greater oversight of pain management and long-terms needs to support recovery. This had led to improved outcomes and safety for patients. For example, the pharmacy team identified a need for additional prescribed medicines in theatres to address a need caused by steroid prescription. They worked with the anaesthetist to arrange this in advance.

The pharmacy team had implemented a new antibiotic policy that increased engagement with consultants to ensure prescriptions were clinically indicated and in line with national standards. This system helped identify exceptions in prescribing and the provider's pharmacy manager reviewed it for effectiveness.

The provider had an assurance system that ensured all staff received national safety alerts.

The service was accredited by the National Joint Registry as a quality data provider for their commitment to patient safety through quality data submission. The hospital was accredited for education by Salford University and was awaiting further accreditation by another higher education institute.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. The service arranged appraisals on a rolling basis, which meant dates were pre-planned. This helped maintain high rates of completion. The senior team managed appraisal arrangements for consultants working under practising privileges and resident medical officers (RMOs). This ensured all individuals, irrespective of contractual arrangements, underwent appropriate annual review. At the time of our inspection 99% of staff had completed an appraisal in the previous year.

Managers supported staff to develop through regular, constructive clinical supervision of their work although this was not consistent across all departments. The senior team recognised this as an area for improvement and had implemented a new approach to ensuring consistency.

Senior nurses supported the learning and development needs of staff. For example, two apprentice operating department practitioners (ODPs) were due to qualify later in 2022 and the service had successfully implemented an associate practitioner role. A full, comprehensive preceptorship programme with training and appropriate documentation was in place.

Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Each department arranged meetings to reflect the needs of the service. For example, theatre staff held a daily briefing with duty staff and supplemented this with a monthly whole-team meeting. Senior ward staff led regular meetings structured according to the provider's key areas of safety and governance, such as policies and audits.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The team focused on transferrable skills that provided opportunities to drive service innovation and high standards of patient care. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The senior leadership team recognised the need for investment in training and awarded staff new to the organisation with a training budget. This enabled them to lead their specialist pathway and development.

Managers made sure staff received any specialist training for their role. Each member of staff had a personal development plan and managers supported them to progress with more advanced training. The senior team supported theatre assistants to progress through stages of competencies and practitioner certification. This was part of a standard operating procedure that supported staff to maintain their position or progress through more senior roles at a pace of their choice.

Managers identified poor staff performance promptly and supported staff to improve. For example, senior staff noted some colleagues had difficulty with intravenous medicine administration. In response they sourced specialist training and implemented a new competency package.

RMOs worked within a competency framework that provided the service with assurance of professional development.

The director of clinical services arranged peer review sessions for consultants working under practising privileges. They maintained a register of responsible officers and implemented additional competency checks for consultants not active in NHS practice.

The service supported international nurses to convert their qualifications to UK standards through the objective structured clinical examination (OSCE) system. Six nurses were in this process at the time of our inspection and would contribute substantially to staffing levels.

Link nurses and clinical nurse specialists provided staff with regular training and updates, such as tissue viability, infection prevention and control, and pain relief.

Staff leading an enhanced recovery project had prepared six instructional videos for staff providing care on arthroplasty pathways. The videos provided in-depth guidance about what to do at each stage of care and helped enhance services following staff feedback.

Clinical service managers had identified the need for a dedicated clinical educator and were working with the provider to establish this role.

The tissue viability nurse provided opportunistic spot teaching and on-demand sessions at the patient beside. They coached the tissue viability champion and worked with staff to improve competencies in the specialty.

Multidisciplinary working

Doctors, nurses and other healthcare professionals were dedicated to collaborative working to benefit patients. They supported each other to provide consistent, joined-up care.

Surgery

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. These were both routine and on-demand, such as to coordinate care for a patient with complex needs. Staff used holistic planning to ensure patients received coordinated care that promoted rapid recovery.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary teams led specific care and treatment pathways. For example, the pre-operative assessment process included a preoperative assessment lead nurse, tissue viability practitioner, venous thromboembolism champion in addition to the consultant team. This enabled the service to plan care for the best achievable patient outcomes.

Staff referred patients for mental health assessments when they showed signs of mental ill health, and depression.

The service reflected the importance of multidisciplinary care through engagement with patients, such as by asking how various teams and professionals worked together.

The service was preparing to join a regional spinal network, which would provide patients with access to care and treatment pathways across independent and NHS providers.

The director of clinical services and a ward sister were part of the provider's national VTE group and worked with district nurses to improve policy for patient care post discharge. This reflected a philosophy of continually seeking opportunities to improve patient outcomes through targeted multidisciplinary working.

There was a culture of seeking out opportunities to convert routine processes into multidisciplinary standards. For example, a change in process meant a physiotherapist and pharmacists joined daily RMO wards rounds to improve post-operative processes.

A tissue viability clinical nurse specialist worked between hospitals and provided on-demand specialist input and review.

The physiotherapy team was multidisciplinary and worked across inpatient and outpatient services. The team included specialists in musculoskeletal care and hand therapy and the physiotherapy assistant had training in occupational therapy care. The team had worked with night nurses to provide orthopaedic training to support physical movement immediately after a patient's surgery. This contributed to rapid recovery and better patient outcomes.

Four bank dieticians and speech and language therapists supported the physiotherapy team in the allied health professional care. They worked on-demand and were contacted from the point of pre-assessment if their input was needed to support patients.

Staff had introduced a multidisciplinary ward round. This included nurses, the RMO, a pharmacist, and a physiotherapist. This was a new initiative staff introduced to address delays in reviews by each department while waiting for each other.

Seven-day services

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

Operating theatres were in use six days per week and wards operated 24 hours a day, seven days a week. The pre-assessment service operated from 8am to 8pm six days per week.

RMOs led daily ward rounds, including at weekends. Consultants reviewed patients individually according to their individual pathway.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week.

Physiotherapy services were available seven days a week. Physiotherapists were based on the wards Monday to Friday and provided targeted, specialist therapy at weekends to support patient recovery.

The pharmacy clinical services manager had identified a need for clinical pharmacy services on site on Sundays. At the time of our inspection this was a six day service and the team identified potential for improving Sunday discharges with additional cover.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff worked individually with patients to promote better health, such as through improved diet or reduced alcohol and drug use. Staff engaged in health promotion at every opportunity with patients and provided a structured, consistent approach to support.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Allied health professionals took a lead role in this area and physiotherapists built relationships with patients that enabled them to provide signposting and guidance to access specialist services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff actively monitored and reviewed consent processes and considered how to better support people based on their individual needs.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff demonstrated a deep understanding of the importance of consent across all areas of practice and beyond the delivery of clinical treatment. For example, pre-assessment nurses obtained consent from patients before orthopaedic surgery to submit clinical information to the NJR audit. A physiotherapist had developed an electronic tool that helped patients understand the nature of consent.

Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' records. Six patients we spoke with said they felt staff had given them enough information to provide consent.

The service had not treated any patients under the age of 18 in the previous 12 months. However, staff maintained training in the Gillick Competence and Fraser Guidelines to enable them to support children and young people if needed.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This was part of the provider's safeguarding training package and was tailored to individual clinical specialties and areas of work.

Outstanding ☆

Surgery

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff monitored standards of practice in relation to consent through a rolling audit. In the previous 12 months, the service reported 100% compliance with best practice.

Are Surgery caring?

Outstanding ☆

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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and went above and beyond expected care to take account of individual needs.

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. Staff used privacy curtains during examinations and asked patients how they wished to be addressed. Most patients stayed in the service for no more than two days and staff used this time to effectively build a rapport that helped them understand needs beyond clinical requirements.

Patients said staff treated them well and with kindness. Comments from patients we spoke with included, “I was perfectly looked after,” “Was the best care I could have been given,” and, “Absolutely brilliant.”

Staff followed policy to keep patient care and treatment confidential. In the previous 12 months, 100% of patients in the hospital survey said staff respected their privacy and confidentiality. In the same period, 100% of patients said staff treated them with respect and dignity.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff had implemented one-to-one working practices to support people who needed additional support.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff asked patients at the pre-assessment stage how they could adapt care to meet such needs. Staff noted information regarding social and other circumstances in records to ensure care was individualised, such as where an individual’s home situation meant recovery exercises would be challenging. Patients said they felt staff delivered personalised care. They said, “What a fantastic place,” and, “Couldn’t have asked for anything more. [Staff] made me feel so safe and welcome.”

Staff sought opportunities to review and improve patient care in all aspects of the service. For example, senior staff observed staff practice and assessed the level of compassionate care. Supervision sessions were reflective, and

documentation indicated staff were insightful into how they could better meet people's needs. For example, one member of staff noted they renewed their focus on individual social circumstances of each of their patients after a treatment. Patient feedback reflected such improvement. One patient said, "My expectations have been met or exceeded." Another patient told us, "Staff have been brilliant, they are all very attentive."

Staff went above and beyond standard care processes to make sure patients were comfortable and well cared for throughout their pathway. They proactively sought opportunities to improve the experience and engagement and the senior leadership team ensured they had the tools, resources, and support to do so. For example, a pre-assessment nurse worked with colleagues across the hospital to redesign the pathway for patients living with a learning disability. They did this as a 'live' project with a patient who expressed anxiety and worry about encountering so many different staff in different parts of the hospital. The nurse accompanied the patient at every stage of care and showed them around the operating theatre in advance of their treatment. The nurse was with the patient when they were anaesthetised and when they woke up in recovery. The pathway demonstrated how staff could work to significantly improve the care experience for patients with complex needs and reflected endless dedication of the team.

Staff maintained a chaperone register and always had access to an on-call chaperone. While staff identified a need or request for a chaperone at the pre-assessment stage of care, the on-call system enabled staff to act quickly in the event a patient's wishes or needs changed.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs and provided individualised care that reduced worry and anxiety.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed this during our inspection and patient feedback reflected these findings. One patient said, "All staff were fabulous." Another patient told us, "[Care has been] person-centred the whole time and very caring."

Patients were keen to talk to us about their comparable experiences in the region. Three patients said they felt this had been their best experience of hospital care.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Patients noted the efforts of staff to provide a safe and calm space. One patient said, "Big thank you to your [member of staff], he was very reassuring." Another patient commented, "[Staff] made me feel calm and less anxious."

Patients were emphatic in describing their experiences. In patient survey feedback, one patient said, "I felt loved and cared for throughout the process." Another patient noted, "I will never forget your phone calls to check how I was, it was the kindest thing anyone has ever done for me." One patient noted, "I'll remember my chats with the night staff and the reassurance given by all the staff at what is an anxious time for patients."

A common theme of patient feedback was that staff showed a genuine interest in their care and patients felt able to talk to them.

Outstanding ☆

Surgery

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. The service sought to maintain a continual understanding of patient need, expectations, and understanding.

Patients gave positive feedback about the service. The service proactively sought patient feedback using surveys based on the national NHS Friends and Family Test (FFT). Patients report consistently high standards of satisfaction. In the previous 12 months, 99% of patients described their care experience as good or very good. This reflected a consistently high monthly standard, with no individual monthly score in the period below 97%. The service collated narrative responses from patients in surveys, which demonstrated a wide range of positive comments.

The patient survey asked people to comment on their interaction with each team in the hospital; catering, pharmacy, theatres, diagnostics, physiotherapy, and housekeeping. In the previous 12 months 95% of patients said they were happy with each department overall.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service recorded 75 formal written compliments from patients in the previous 12 months, the senior team noted consistent themes were that patients felt safe and well looked after. Patients had written extensive, unsolicited narratives of their experiences of care in the hospital, reflecting on all stages of the care pathway. One patient noted, “From start to finish…I couldn’t have asked for anything more.” Another patient noted the team had made a difference to their life.

Staff made sure patients and those close to them understood their care and treatment. The service monitored this through the FFT survey. In the previous 12 months, 99% of patients said staff involved them in care and treatment decisions and 99% of patients said consultants fully explained their care. In the same period 97% of patients said they were told who to contact if they were worried after being discharged.

The senior team introduced a question on the patient survey to find out if patients understood their discharge plans. Between August 2021 and April 2022, 98% of patients said staff kept them up to date with discharge plans.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. One patient described communication with staff as “excellent” and spoke positively of their treatment pathway. For example, they said they appreciated the remote pre-assessment carried out by telephone and the offer of a discussion with the surgeon well in advance of surgery. Patients said consent and information processes were very good. One patient said, “Staff went through everything as many times as I wanted. I especially liked them talking in detail about consent rather than just asking me to sign something.”

Patients said they received appropriate information before attending or surgery, such as key ‘dos and don’ts’.

Patients said they appreciated the time staff took to explain the multidisciplinary process such as what to expect with physiotherapy care after discharge and how to obtain help for questions about medicines. Patients proactively complimented the multidisciplinary processes in the hospital. One patient said they had met a pharmacist, surgeon, theatre staff, and nurses involved in their care ahead of a procedure. They noted this reduced anxiety and made them feel confident and comfortable.

Are Surgery responsive?

Outstanding ☆

Surgery

Good

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

Service delivery to meet the needs of people

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

Managers planned and organised services, so they met the needs of the local population. They worked with NHS colleagues to identify pressures on the system and organised surgical lists based on the most pressing need.

Facilities and premises were appropriate for the services being delivered. Clinical areas were accessible by wheelchair or those with mobility needs. The hospital had directional signs in commonly spoken local languages and each department had a dedicated waiting area. Staff provided quiet or private areas on request and a prayer room was always available.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention. The service used an electronic flagging system for patients referred for surgery with needs relating to dementia, learning disabilities, or mental health. Staff had refined this system as the number of patients who required additional care increased and they spoke positively of the support it helped them provide.

Managers ensured that patients who did not attend appointments were contacted. In the previous 12 months, 6% of patients (83 in total) did not attend a booked appointment. This was an overall figure across surgeries, consultations and pre-assessment appointments.

The service relieved pressure on other departments when they could treat patients in a day. The enhanced recovery programme team were exploring opportunities to reduce overnight stays where the same surgery could safely be carried out as a day case.

The hospital had a standard for time to first consultant review after surgery of 24 hours along with a length of stay review every 24 hours. In the previous 12 months the service achieved the provider's target of an average of two days length of stay.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The pre-assessment team included a review of mental health and emotional health of each patient. They used this process to identify patients who were particularly anxious about treatment and put in place additional measures to support them. For example, the pre-assessment team worked with surgeons to arrange early treatment for patients with high levels of anxiety to reduce the time they spent waiting in the hospital.

Outstanding ☆

Surgery

Staff adapted the premises to meet the needs of patients living with dementia. For example, they converted ward bedrooms to dementia friendly spaces with silent clocks and large visual signs describing areas such as doors and toilets. A patient-led assessment of the care environment (PLACE) assessment in 2021 identified 92% compliance with dementia friendly standards.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. A ward sister was the hospital dementia lead and worked with pre-assessment colleagues to plan to meet needs throughout the pathway.

Staff demonstrated flexibility in providing care for patients with mental health needs. They liaised with social workers and case workers to support safe care planning and discharge.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

A pre-assessment nurse had implemented a new patient support pathway for those living with dementia or a learning disability. This involved the same member of staff accompanying the patient at every stage of care, including when they were anaesthetised and when they woke up. The nurse involved the patient and their relatives in this process and received positive feedback that it helped reduce anxiety.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Staff issued a care pathway booklet for each patient from the point of pre-assessment. Staff maintained this to the point of discharge and used it to document handovers, risk assessments, and other clinical reviews. This helped staff to meet individual needs because it meant all relevant information was readily accessible.

Physiotherapists issued each patient with a therapy pack to support their recovery after discharge. This included consideration of each patient's social and personal circumstances and was planned on established pathways, such as an appointment six weeks following discharge for post-discharge therapy. Staff included personalised advice sheets for each patient with exercises and guidance to continue care at home. The team implemented the sheets after recognising patients often had poor information recall following anaesthesia. Staff also used this process to manage expectations and ensure patients were not disappointed if the speed of their recovery was slower than they expected.

Physiotherapists worked with community colleagues to provide home equipment to support patient recovery and maintained a series of handovers with community physiotherapists and district nurses.

Allied health professionals (AHPs) provided patients with contact details to gain advice or guidance following discharge.

Healthcare assistants had introduced mattress and pillow audits to ensure they maintained a comfortable standard.

A pharmacy was located in the hospital and the team was an integral part of the hospital service. The pharmacy team maintained medicine stocks to treat alcohol withdrawal and drug toxicity or overdose.

Outstanding ☆

Surgery

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. A national enquiry centre (NEC) managed private referrals and the hospital's own administration team managed NHS referrals. This ensured priority was given to patients with the greatest need and NHS patients who were at risk of missing their treatment target dates.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers and staff worked to make sure that they started discharge planning as early as possible. Discharge planning was multidisciplinary and included physiotherapy and pharmacy input. Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs.

Managers worked to keep the number of cancelled appointments to a minimum and monitored these in two ways; cancellations within 24 hours of a procedure and cancellations more than 24 hours before a procedure. They reported cancellations within 24 hours of a planned procedure as an incident.

In the previous 12 months, cancelled operations within 24 hours of the scheduled time, were the main incident theme, with 212 instances, which reflected 3% of all procedures. Staff explored the reason for cancellations to identify opportunities for learning. The main cause of a cancellation, in 40% of cases, was that the patient was unfit for surgery on the day for reasons such as they had breached fasting. In such instances staff worked with the pre-assessment team to identify if the process could have identified potential problems or improved the information given to patients.

In the previous 12 months, 1519 appointments were cancelled with more than 24 hours' notice for non-clinical reasons. This was an overall figure for all elements of surgical care and included pre-assessment appointments, operations, and post-surgical follow-ups. Patient cancellations for personal reasons accounted for 67% of the total and reflected anxieties during the pandemic. Staff unavailability accounted for 1% of the total number of cancellations with over 24 hours' notice, which reflected less than 0.3% of the total number of procedures.

When patients had appointments or treatment cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Managers monitored the number of delayed discharges and took action to prevent them. The pharmacy team established patients' stock of home medicines and prescriptions from other sources after surgery to establish their needs. This helped to reduce delays at discharge and enabled the pharmacy team to prepare to take home (TTO) medicines in advance.

Staff supported patients when they were referred or transferred between services. For example, 75% of patients were NHS patients and received care under an agreement from their usual hospital. This provider referred patients back to their GP or consultant after completion of the surgical pathway.

Managers monitored patient transfers and followed national standards. In the previous 12 months, staff transferred two patients to higher level care at another hospital due to acute deterioration. This reflected 0.03% of all surgical patients.

The service worked with regional NHS trusts and clinical commissioning groups (CCGs) to coordinate surgery for patients with excessive waiting times. This was part of a strategy to reduce pressure on NHS services in the region.

Outstanding ☆

Surgery

The service monitored performance in referral to treatment time (RRT) surgeries in 19 specialities with a national target of 92% completion. The latest available data was from October 2021 to March 2022, during which time 10 specialties achieved 100% completion within 18 weeks.

The CCG booked patients who had exceeded a 104 week wait for surgery on an NHS pathway.

All patient bedrooms on inpatient wards were en-suite. Cedar ward had four pods equipped with ambulatory chairs and patients had access to nearby facilities with staff support if needed.

Heads of department carried out daily reviews of demand and capacity to reduce bottlenecks and improve flow through the service.

Staff across specialties had improved their approach to weekend working to support more efficient pre-assessment and discharge and therefore increase capacity.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on the hospital website.

Staff understood the policy on complaints and knew how to handle them. The provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS) and signposted patients in the event they were unable to resolve the complaint directly.

Managers investigated complaints and identified themes. In the previous 12 months, surgery services received 22 formal complaints. The senior team monitored complaints relating to non-clinical areas such as hospital grounds and administration. This was part of a multidisciplinary approach that helped to identify complaints caused by issues across multiple departments. This reflected good practice and meant the senior team had oversight of areas for improvement across multiple teams and services.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff were empowered to resolve minor issues or complaints at the time they arose and used escalation processes for more complex complaints. A member of the senior team acknowledged each complaint by phone and explained the investigation and resolution process with each patient, so they knew about timelines.

The quality and risk manager took a lead role in complaint resolution and service leads contributed to these by working with staff to understand challenges.

Managers shared feedback from complaints with staff and learning was used to improve the service. The hospital executive director provided personal final responses to each complaint. Their responses included a detailed overview of what caused the problem, a summary of the investigation, and specific detail of changes staff made to reduce the risk of a recurrence.

Staff could give examples of how they used patient feedback to improve daily practice.

Outstanding ☆

Surgery

Are Surgery well-led?

Outstanding ☆

Our rating of well-led improved. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced and worked tirelessly to address them. They were visible and approachable in the service for patients and staff and had a clear track record of effective, evidence-based leadership strategy. They supported staff to develop their skills and take on more senior roles through 'stretch' goals.

The executive director led the hospital and surgery services overall, supported by the director of clinical services, the head of risk and quality, and other members of the executive team. These individuals formed the senior leadership team (SLT). Clinical service managers were responsible for departmental or service leadership. Staff we spoke with were clear with their lines of responsibility and said the leadership structure worked well.

Most staff we spoke with, across all departments we inspected, spoke positively of leadership support. Staff felt they could approach a senior person at any time for help or guidance, both formally and informally. Where staff were more critical of leadership, they understood the opportunities available to them to speak up and raise any issues. Staff also named colleagues at provider level they felt they could approach with any problems.

The executive team described an ongoing programme to improve leadership standards and support staff. For example, two managers shared a theatre leadership post to help stabilise the team following a period of disruption. We saw this worked well in practice and theatre staff spoke highly of local leadership and support.

The SLT had improved presence and visibility on site following staff feedback. For example, they found senior managers were only ever on site at weekends to address an incident or escalation. They changed this system by introducing routine weekend shifts for a senior manager, including attendance at department or team meetings. Staff said the improvements had been notable and they felt the SLT understood what they needed to provide good standards of care. Staff at all levels of seniority across multiple teams provided similar feedback.

The SLT demonstrated a proactive, empowering approach to offering staff leadership development opportunities. They used listening events and other forms of engagement to identify appropriate opportunities for staff, such as higher education programmes and leadership courses. The senior team built on audit outcomes and benchmarking results to create 'stretch' goals for staff. This meant staff were supported and challenged to exceed targets and expectations through developing their skills and abilities.

Vision and Strategy

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

The provider had a philosophy based on the provision of high quality, safe, and compassionate care. This was underpinned by eight shared values, grouped into four key principles. The SLT implemented a new quality and

performance strategy in 2021, on a five-year basis, to address challenges in existing work due to turnover at executive level. The team established the strategy with the hospital vision, which was created by collaborative work across departments by all staff. The director of clinical services led the clinical performance pathway of the strategy and focused on service sustainability alongside meeting the needs of the local population.

A significant part of the hospital strategy was focused on responding to trends in the regional health economy. Reducing pressure in NHS services and improving referral to treatment times for patients formed a core element of this approach. The senior team worked with NHS colleagues, a regional care alliance, and clinical commissioning groups (CCGs) to reduce waiting times for patients across the region. The service flexed capacity to address the needs of patients waiting the longest on NHS lists and dedicated the majority of surgical capacity to NHS patients with over 18 week waits. The service sourced new consultants to reduce bottlenecks in specialty services.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care and proactively sought opportunities for joint working and continuous improvement. The service promoted equality and diversity in daily work and provided personalised opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear and in which senior staff genuinely wanted to understand challenges.

We observed, and staff described, an open working culture reflected in a significant strategic focus on working culture. The executive director led a specific culture strategy pathway in the new quality and performance strategy. The operations manager led a strategy pathway that aimed to empower staff to make small changes that would contribute to greater positive impact.

Staff had a demonstrable focus on delivering care within a culture that supported positive teamwork and facilitating wellbeing of colleagues. This was embedded throughout work processes. For example, staff completed a culture and wellbeing section as part of post-surgery debrief checklists and considered how the team had worked together and if there were any areas for improvement or discussion. This reflected best practice.

The service performed well in the most recent annual staff survey. The hospital achieved the second highest response rate in the provider's network, at 95%. This meant the senior team had dependable data on which to understand staff experience and areas on which to focus improvement.

During the first wave of COVID-19, staff volunteered to work across six local NHS trusts to support urgent and critical care. Staff spoke positively about this experience and described how it resulted in improved understanding between public and private teams. As the service aimed to reduce pressure on NHS hospitals, the new relationships meant teams had a greater understanding of how to achieve this.

A Freedom to Speak Up Guardian was in post and their role was advertised across staff areas. The guardian met with colleagues across the provider's network every two months to discuss and promote active learning from staff concerns or feedback. This reflected good practice.

Staff spoke positively of the wellbeing and counselling services offered by the provider. They appreciated that they could access such support anonymously or with additional help from their line manager.

A number of staff had worked in the hospital for considerable periods of time and said they remained committed and loyal because of the standards of care they could provide. Staff said they appreciated that all patients received the same standards of care regardless of how they were referred.

Staff described a culture of 'self-scrutiny' that encouraged reflection and peer review as tools to acknowledge good practice while working towards continual improvement.

Governance

Leaders operated highly effective governance processes, throughout the service and with partner organisations. Governance was measured quantitatively and qualitatively, and the service had substantial evidence of improvement and assurance as a result. 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.

The medical governance committee was responsible for maintaining the practising privileges policy, which included an annual audit of documentation relating to each consultant. The director of clinical services maintained a risk register of consultants that ensured they had up to date details of their responsible officer. Consultants were required to maintain medical indemnity insurance at all times and the senior team maintained a record of this. The provider medical director maintained oversight of this with the national senior team and local implementation by the registered manager. The policy ensured the hospital complied with practicing competency checks required by the General Medical Council (GMC).

The governance assurance framework included a series of meetings in service areas, such as infection control, with escalation processes between each. The system worked well and helped staff to react quickly to risks. For example, routine water testing had identified the presence of Legionella in a water outlet. Staff sourced filters, interim boilers, and other replacement equipment to mitigate the risk as soon as possible.

The service had introduced a clinical chair role to improve consistency and continuity of oversight between the senior management team and the medical advisory committee (MAC). This was a new role to the provider and this hospital was one of the first to introduce it and explore its potential benefits. The chair focused on the work of the MAC by directing a focus on one area or clinical speciality each month. For example, most recently the MAC considered the role of ear, nose, and throat (ENT) across the service.

A lead from each clinical specialty contributed to the MAC and informed the work of the senior management team. The clinical chair worked with each lead to coordinate service improvements, such as business cases for investment and areas for improved engagement with consultants.

Staff used a specific governance process to manage relationships with NHS hospitals and optimise the strategy of reduced waiting times. The patient administration manager and operations manager reviewed referral to treatment times (RTTs) weekly and worked with the senior team and external colleagues to ensure capacity was used appropriately. The team used this process to make sure arrangements were meeting the needs of the NHS sites and the clinical commissioning group.

Staff used the governance system to focus meticulously on improvements. For example, the provider had a 95% compliance target for most audit outcomes. The local team aimed for 100% in all measures and where performance was between these figures, they held multidisciplinary meetings to identify areas for improvement and implement a framework to measure this. For example, the pharmacy team found a 3% room for improvement in documentation relating to the British National Formulary through a monthly audit. They implemented improved working practices and new training as a result and increased monitoring to check improvements.

Minutes showed a range of staff consistently attended monthly clinical governance meetings and used the system to maintain oversight and drive improvements. For example, the fluid balance champion carried out spot checks of a sample of documentation and used the results to support colleagues to improve practice.

Clinical governance meetings included staff across care delivery. For example, resident medical officers (RMOs) and temporary staff attended meetings and the senior team ensured non-clinical services were fully included.

Management of risk, issues and performance

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

The quality and risk manager led a quality assurance pathway within the new quality and performance strategy which focused on assurance and support for improvements. This placed patients at the centre of assurance and risk management and helped staff focus on best practice.

The MAC had a key role in minimising clinical risk in the service by ensuring consultants worked within defined pathways and adhered to clinical governance processes. The MAC provided support and guidance for consultants working under practising privileges and for RMOs. RMOs were employed by another organisation through a service level agreement. Processes were in place between the provider and their employing organisation to ensure RMOs had access to wellbeing and clinical support. As RMOs were based in the hospital for one week at a time, their employer operated an on-call system to provide cover in the event they were on duty for excessive periods.

The MAC met quarterly and minutes indicated the group was focused on scrutinising performance to drive improved patient outcomes. For example, the group had undertaken work to implement outcome monitoring for ophthalmology patients.

Risk management systems relating to infection prevention and control (IPC) were advanced and exceeded expected standards of practice. The IPC lead worked to improve staff skills and knowledge through training, supervisions, and noticeboards. They attended UK Health Security Agency (UKHSA) training and reported IPC data to national monitoring systems. The IPC lead liaised with district nurses and community health teams to coordinate long-term management of infection risk after discharge. They coordinated this process with the outpatient team and tissue viability nurse to ensure a holistic approach to risk reduction.

The estates and facilities team was under considerable pressure to maintain parts of the hospital that were ageing and required frequent attention. Staff said the team provided a dependable, rapid response for urgent issues, but routine maintenance needed improvement. For example, repairs to the pre-assessment building were taking some time and impacted staff comfort and wellbeing. Staff removed equipment or areas from use whilst awaiting maintenance to keep patients and staff safe.

The service had a significant focus on flexible capacity and the team could open and staff a second surgical ward, Cedar ward, to increase post-operative and day case capacity. Staff maintained the ward infrastructure, equipment, and staffing to ensure it could be opened safely at short notice.

Surgery

The service used three key systems to manage risk. Staff used the provider's digital staff communication tool to identify daily live risks, such as staffing pressures. The senior team used a hospital risk register to monitor ongoing risks across surgery services. At the time of our inspection there were 32 risks attributed to surgery overall. Each risk had a named 'owner' who was accountable for monitoring and mitigation. Staff had categorised each risk as low or medium and documented regular updates. Thirdly, each clinical service manager maintained a departmental risk register.

The director of clinical services used enhanced monitoring for consultants who did not routinely deliver care in the NHS. This was a risk management process to ensure the service could identify consultants with patient outcomes considered as outliers by national standards. This incorporated national audit systems. For example, the National Joint Registry alerted the senior team if clinical results reflected an outlier of standards.

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.

Overall information management was of a consistent, high standard. All aspects of documentation and information we reviewed was fully and legibly completed and contributed to the provision of a well led service.

All staff completed information governance training and 99% were up to date.

Meeting minutes across departments were comprehensive and demonstrated a commitment to understanding practice measures, successes, and areas for improvement. Staff documented action points and consistently followed up plans and projects. This information was readily available to team members and senior staff involved in audit.

The senior team was supporting the implementation of IT infrastructure improvement such as new computers and faster internet servers. This would improve information management security and efficiency.

Engagement

Leaders and staff actively and extensively 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. This approach demonstrably led to high quality care.

The senior leadership team used a staff communication tool to provide regular updates. This was a new initiative and included innovative processes designed to improve safety. The 'stop the line' process empowered staff of any grade to stop a clinical process they felt was unsafe and triggered a 'swarm' process that required all staff involved to review the situation. Staff completed training in the use of these tools and described them very positively with specific examples of how they contributed to a more engaged, safety-conscious environment. Junior staff told us the processes helped them to feel empowered to raise questions or concerns at any time.

Staff gave examples of how they used the new communication system effectively, which included a digital information sharing portal. For example, if staff missed a team meeting, they accessed minutes and action points through the portal. Staff told us they felt confident in contributing to meetings by adding agenda requests.

Staff implemented a new approach to patient engagement during and after their treatment. This involved placing a feedback questionnaire in each patient bedroom and proactive encouragement to complete it at discharge or on their return home. A member of staff called each patient 48-hours post-operatively to check on their recovery, ask about their experience, and identify any ongoing needs.

In the previous 12 months, 92% of patients rated the overall experience of the service as excellent and 99% said they were satisfied. Patients who commented on their experiences noted specific teams for their standards of care, including porters and catering staff.

Patients said they felt confident in contacting the hospital after discharge with questions about recovery care, including the ability to contact the physiotherapy team.

The senior team carried out a deep dive review with each member of staff who resigned. This helped to identify opportunities for improved staff wellbeing and support. For example, the senior team identified a need to help staff finish work on time to contribute to a good work-life balance.

The provider had a staff engagement board that worked to ensure all staff had a voice in the service and were empowered to drive change and improvement as well as recognising successes. A member of staff had suggested an awards and recognition programme. The provider had accepted this and planned a national ceremony later in 2022.

The physiotherapy service had received substantial amounts of qualitative feedback from patients. At the most recent staff meeting this amounted to three pages of material. The physiotherapy manager shared all of this feedback with their team as good practice.

The service was accredited by a national benchmarking tool for staff engagement and welfare. In 2021 it was rated as an 'outstanding' place to work and the senior team undertook a staff engagement event to identify how staff perceived strengths and weaknesses of working in the hospital. The event enabled the senior team to understand how they could improve working values and conditions and enabled staff to express challenges and frustrations in a safe space.

Staff across all departments could demonstrate how they changed or improved services based on patient feedback. For example, one patient satisfaction report indicated patients had not been informed of the main side effects of their medicines. The pharmacy team worked with prescribers to improve patient information and the next survey indicated better understanding.

Learning, continuous improvement and innovation

All staff were demonstrably committed to continually learning and improving services through inquisitive working, professional development, and research. They had an advanced understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Throughout all our conversations with staff, there was a persistent, committed focus on development and improvement. Staff based plans on evidence, research, and exploration and were demonstrably dedicated to improved clinical practices and outcomes.

The SLT had implemented a surgery pathway innovation workstream as part of a 2021 review of the hospital's five-year strategy. The workstream was evidence-based, unique in the field, and helped establish a service blueprint and 'critical

incident technique' that promoted reflection amongst staff teams to improve efficiency of the patient pathway. The workstream aimed to reduce delays and cancellations, improve the wellbeing of clinical teams, and ensure the best outcomes for patients. Staff across the surgery service were involved in the workstream, which included a general surgery week of focused events and improvements and two months' of direct staff/patient observations.

The provider had a clear focus on developing governance and risk management processes that contributed to improved consultant engagement and collaborative working relationships that resulted in high standards of care. This was part of the remit of the new clinical chair, who worked with the senior management team to revise policies such as the practising privileges policy.

The senior team responded meaningfully to areas for improvement identified at hospitals across the provider network. For example, following findings that staff were not always confident in application of consent processes with patients who lacked mental capacity, the provider arranged practical, simulated training. Using case studies from previous scenarios in other hospitals, staff practiced the use of their practical skills, which improved confidence and their ability to deliver appropriate care.

A project manager was working on a range of innovative projects. This was a new post unique to this hospital in the provider's network and reflected a focus on improving patient satisfaction.

The director of clinical services invited staff to weekly learning and assurance meetings as part of a strategy to encourage continual learning and improvement.

The service had a significant presence in regional safeguarding and harm prevention work. The senior team had introduced bespoke resources that enabled victims of domestic violence to discreetly obtain help. They had partnered with local and national non-profit organisations to facilitate access to specific help for patients, visitors, and staff. This reflected a substantive response to a regional increase in domestic violence and suicide risk.

The service had implemented new diagrammatic information for patients to help them manage fluid intake and physical movements after discharge to reduce the risk of DVT. Staff tested this approach and the provider implemented it across the national network following evidence of success.

The executive director and their team supported staff to prepare business cases for funding that would drive improvements. For example, the pharmacy clinical service manager identified improvements that could be made with the implementation of a pharmacy assistant post. They secured approval and funding for this role and could demonstrate how it benefited patients.

The SLT and theatres teams had launched a surgery pathway innovation programme to assess and improve theatre efficiency, staff wellbeing, and patient outcomes. The programme involved a review of the theatre process and incorporated a substantive review of patient and staff feedback and a series of direct peer observations of care. The team used a number of innovations to explore the theatre service, including 120 hours of direct care observations and a 'critical incident' reflection techniques delivered over two weeks to engage staff in a review of their work. The programme was ongoing and to date had led to significant efficiencies in the theatre process through better time management.

Outstanding ☆

Surgery

A multidisciplinary team, led by a dedicated project manager, had launched an enhanced recovery project. Designed to reduce length of stay and improve patient experience, the project focused on each stage of the surgical pathway. It incorporated staff and patient input by design and aimed to drive improvements across the provider's hospitals. The project demonstrated early results by facilitating focused timed for surgeons to clear a backlog of elective general procedures.

Staff had secured investment from the provider to complete doctorate-level education through submission of a business case to demonstrate how this would benefit the service and patients. This reflected a focus on staff opportunities and development that had potential to involve the hospital in primary research to drive innovation.

Physiotherapists had produced a series of interactive videos patients could access as part of their recovery. We observed this in practice on the inpatient wards and saw physiotherapists used a handheld tablet to work with patients and support them to practice recovery exercises.

The hospital did not have any independent non-medical prescribers. A pharmacist was undergoing a prescribing course and once certified would improve prescribing times.

Specialists continually monitored national and international innovation to identify opportunities to adopt new local processes. For example, the tissue viability lead implemented vacuum assisted closure (VAC) therapy along with new dressings and training to update practices in wound management.