Ramsay Health Care UK Operations Limited

Rowley Hall Hospital

Inspection report

Rowley Park
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Date of inspection visit: 21 February 2023
Date of publication: 06/04/2023

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

Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of the services on 3 August, we completed a further follow up inspection on 21 February 2023.

We last inspected in October 2016 and inspected surgery and outpatients and diagnostics core services. We rated the hospital as good overall. Two breaches of the Health and Social Act Regulations were identified at this last inspection (for Regulation 12: safe care and treatment and Regulation 18: staffing), both were related to surgery.

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well 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 and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

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

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Summary of findings

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Background to Rowley Hall Hospital

Rowley Hall Hospital is located in a Georgian listed building in five acres of Rowley Park, Stafford. The hospital opened in 1987 and currently has 13 ensuite bedrooms and 10-day case pods. The hospital is managed by Ramsay Health Care UK Operations Ltd and is part of a network of over 34 hospitals across England. In addition, they run hospitals in Australia, Indonesia and France Scandinavia .

The hospital offers a wide range of treatments and services. There are two fully equipped theatres with ultra clean air technology providing facilities for a range of surgical procedures. The hospital is registered for surgery, cosmetic surgery, endoscopy, diagnostic imaging and refractive eye surgery. The site provides outpatient consultations, a radiology service, and imaging and physiotherapy services for adults aged over 18 years only. Care is available for NHS-funded and private patients. Private patients are either self-funding or have their fees paid by their insurance companies. Patients funded by the NHS referral system account for 85% of patients. There are 68 consultants working at the hospital under practising privileges; none are directly employed by the hospital. Eighty-five health professionals, administrative and clerical and support staff are employed by the hospital. The manager was registered with the CQC.

The hospital is registered to provide the following regulated activities:

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

Rowley Hall Hospital has 13 overnight beds, and 10 day case 'PODs' (5 for male patients and 5 for female patients), 2 theatres (with laminar flow). Patients requiring level 2 care are treated and cared for by a trained team of staff within the hospital prior to transfer to a critical care facility. Rowley Hall Hospital provides care and treatment for adults. On site facilities include radiology, physiotherapy and access to mobile MRI scans.

Surgical services offered at this hospital include ambulatory, day and, inpatient surgery, breast surgery, colorectal, cosmetics, dermatology, gastrointestinal, general surgery, gynaecology, ophthalmic (including laser), orthopaedic, plastic surgery, podiatry, urology, vascular procedures.

How we carried out this inspection

This inspection was a focused inspection of surgery core service only, partly triggered by some information of concern we had received. Under our current methodology, we can rate this core service only and not aggregate to the overall hospital's ratings.

We spoke with 25 staff, 12 patients and relatives, and reviewed the records and associated documents for 13 patients. We met with the hospital's leadership team separately in a virtual meeting.

The same senior management team supported both this hospital and Beacon Park Hospital and overarching governance and reporting systems worked in conjunction. Many staff worked across both hospitals.

Summary of this inspection

The team that inspected the service comprised a CQC Inspection manager, one CQC inspector, and a specialist advisor with expertise in theatres. Throughout the inspection, we took account of what people told us, and how the provider understood and complied with the Mental Capacity Act 2005. The inspection was overseen by Charlotte Rudge, Interim Deputy Director of Operations.

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:

Leadership and culture reflected a clearly compassionate and caring service, fully focused on holistic person-centred patient care. This was reflected in the feedback received from patients.

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 ensure it monitors waiting lists due to the number of patients waiting over 52 weeks for treatment. Regulation 12

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

Our rating of this core service improved. 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. Staff received and were kept up to date with their mandatory training. Due to the COVID-19 pandemic, staff mandatory training compliance had been impacted, particularly face to face training. Staff explained the hospital's annual commitment to mandatory and statutory training had now restarted, but there would be a period for all staff to increase compliance. As of 3 March 2023 the mandatory training compliance for the service was 97.36%.

The mandatory training was comprehensive and met the needs of patients and staff, it included:

Manual handling.

Health and safety.

Fire safety.

Infection prevention and control.

Safeguarding adults and children.

Information security.

Consent.

Basic life support (BLS) for clinical staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. As of 3 March 2023 average training compliance for these courses across the service was 86.88%.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had effective systems in place to monitor overall training compliance and this was reported hospital wide. All clinical and non-clinical bank staff had been contacted and if they were not up to date on mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff received the level of safeguarding appropriate to their roles. As of 3 March 2023 the average training compliance for these courses across the service was 98.23%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff explained how the pre-assessment process prior to surgery helped to capture all relevant risk factors for each of the patients. Safeguarding Information packs had been recently provided to all heads of department. In records we reviewed, safeguarding concerns identified by the hospital had been reported correctly and evidence of any required learning was applied if so required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff demonstrated an effective awareness of the hospital's safeguarding processes. The hospital had a named safeguarding lead that was available for support and advice. Flowcharts were available for staff to follow to report any concerns about adult or child abuse to the hospital's safeguarding lead nurse, as well as giving relevant contact phone numbers for local authority safeguarding teams.

Staff followed safe procedures for children visiting the ward.

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.

The ward and day case surgery areas were visibly clean and had suitable furnishings which were clean and well-maintained. Appropriate systems and processes were in place to ensure the cleanliness of the hospital was maintained. Cleaning records reviewed were up-to-date and demonstrated all areas were cleaned regularly. Checklists seen had been completed according to the hospital's policy.
The service generally performed well for cleanliness. Cleaning records reviewed were up-to-date and demonstrated all areas were cleaned regularly. Checklists seen had been completed according to the hospital's policy.

Staff followed infection control principles including the use of personal protective equipment (PPE). Infection prevention and control processes were robust and well managed. Suitable posters were visible across the hospital, regarding infection, prevention and control (IPC) and COVID-19 precautions. Staff followed infection control principles including the

use of PPE. COVID-19 precautions were effective in all areas visited and we saw there was effective compliance by staff and visitors with the hospital's IPC processes. There was a clearly defined COVID-19 pathway in operation from patients' arrival to discharge. Gel sanitiser and masks were freely available, and, at the hospital entrance, staff ensured visitors complied with the precautions. Staff were fully able to explain the COVID-19 precautions in their work areas, and actively encouraged all visitors to comply with them. No COVID-19 confirmed positive patients were being cared for in the areas that we visited. Appropriate isolation facilities were available for patients with a suspected infectious disease.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw 'I am clean' stickers appropriately used on equipment throughout the hospital. Staff worked effectively to prevent, identify and treat surgical site infections. We observed a theatre list and noted the theatre was cleaned down effectively post procedures. The service had an agreement in place with a sterile equipment services' provider. Sterile instruments were stored in a clean, dry, dust free environment. There was a defined process to change instruments if contamination was identified.

Staff worked effectively to prevent, identify and treat surgical site infections. There were facilities to ensure all patients with suspected or proven infection could be placed in a single room. There were procedures for deep cleaning and decontamination in place after discharge of patients who had been isolated. The hospital achieved 92% in the 'Surgical Site Infection Inspection Report' dated 19 May 2022, and actions to further improve compliance were in place.

Environment and equipment

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

The design of the environment followed national guidance. In the ward, patients could reach call bells and staff responded quickly when called. All patients reported calls bells were accessible and that staff responded very promptly when called for, day and night. The design of the environment followed national guidance. Areas visited were tidy and spacious, and generally well maintained.

The two theatres were ultra-clean ventilation theatres (UCV) theatres. Ultra-clean ventilation systems (which are designed to provide a zone around the patient that is effectively free of bacteria-carrying airborne particles while the operation is in progress) have been shown to significantly reduce surgical site infection in patients undergoing large joint replacement surgery.

There was a large recovery area that was clean and tidy throughout with visible cleaning stickers on decontaminated equipment. The emergency 'crash' trolley was checked and found fit for purpose. The service had an effective use of expiry date management. Crash trolley has all dates on equipment circled for easy identification. This was checked monthly. The theatre environment was clean and tidy. All equipment was situated on suitable racking provided. Staff carried out daily safety checks of specialist equipment, including resuscitation equipment. No gaps in daily and weekly checks records were noted on equipment we reviewed. All equipment and clinical consumables viewed were fit for use. Clinical sterile supplies were provided by an external company. The theatre team said there were some issues with this service including receiving equipment back in a timely manner and tears in sterile wraps of instruments (therefore instruments had to be reprocessed) and this had been reported.

Staff carried out daily safety checks of specialist equipment. There were no gaps in records we reviewed. All equipment and clinical consumables we reviewed were in date. Staff had access to the medical devices equipment asset and testing portal. The hospitals governance meetings included reference to medical devices and monitoring of equipment logs.

The rescue airway trolley was checked daily and tag number documented. Tags were used to keep consumables secure. The tag was replaced weekly and a full trolley check was undertaken using the checklist provided. Anaesthetic machine checks were completed and documented on a daily basis in the paperwork we reviewed.

The service had suitable facilities to meet the needs of patients' families. Including seated areas and toilets they could use.

The service had enough suitable equipment to help them to safely care for patients. All necessary maintenance checks had been carried out, including for hoists. Staff told us they had appropriate access to equipment.

Staff disposed of clinical waste safely. Appropriate facilities were in place for storage and disposal of household and clinical waste, including 'sharps'. A 'sharps' bin is a container that can be filled with used medical needles and all categories of 'sharps' waste, before being disposed of safely. Sharps' bins seen were appropriately labelled and stored correctly. We saw that regular ward audits were carried out and any shortfalls identified and addressed.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the NEWS2, which is the latest version of the National Early Warning Score (NEWS). NEWS2 records we reviewed were completed in accordance with hospital policy. Patients with elevated NEWS scores (3 or more) were handed over at the resuscitation huddle and this was recorded for staff to view.

The hospital had a local process in place to manage acute transfers, including transport arrangements under a service level agreement. There was a minimum of one advanced life support staff member available within the theatre recovery environment whilst there was patient activity in theatres. There was a minimum (onsite and available) resuscitation team for the hospital of 3 registered practitioners including the Resident Medical Officer (RMO).

Staff had appropriate training in life support in case it was required. Basic life support training compliance was 93%. Intermediate life support training was 62%. Advanced life support was 100%. Three staff members were booked on intermediate life support training and the team ensured that appropriately trained staff members formed the resus team.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service carried out pre-operative assessments included the patient's medical history, vital signs, advice about diet prior to surgery, that any comorbidities were recorded, COVID-19 risk assessments were completed, all relevant risk assessments were completed, dementia screening assessments were completed and that pre-operative tests taken were taken in accordance with national guidance. Staff used a 'Risk Escalation Tool' to identify patient co-morbidities from the patient health questionnaire that required further information from the patient. This would identify the requirement for investigations, diagnostics and possible escalation for clinical review and action before the patient was confirmed fit for surgery. Patients who were at risk were considered for multidisciplinary review.

Staff knew about and dealt with any specific risk issues. Staff were fully aware of the risk of sepsis. The hospitals followed the provider's 'Recognition and Management of the Deteriorating Patient' clinical procedure, providing staff with the tools to assist in identifying a deteriorating patient/resident and to enable them to take appropriate action ensuring the patient's safety.

Good

Surgery

Staff were seen to follow the World Health Organisation (WHO) Surgical Safety Checklist. All theatre team involved in patient care were present and involved. All information was documented on the hospital's electronic database. Staff completed all three stages of the WHO checklist. The service regularly audited WHO checklist completion. We observed staff at the service complete the WHO checklist during both site visits.

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). The service could refer patients to the hospital's RMO as and when required. Staff knew how to complete, or could arrange, 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. The service communicated with patients' GPs and NHS acute trust referral teams during the episode of care and treatment delivered.

Shift changes and handovers included all necessary key information to keep patients safe. Daily safety huddles, which were recorded, took place at the handover between each shift. All essential information was cascaded appropriately.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The service had enough nursing and support staff to keep patients safe. The service had low and reducing vacancy rates. Most staff rotated between Rowley Hall and Beacon Park Hospital which gave flexibility and cover where necessary.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The service completed electronic staff rostering four to six weeks in advance to allow for staff management and planning. This ensured substantive and bank staff were available if needed. Managers could adjust staffing levels daily according to the needs of patients.

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

The number of nurses and healthcare assistants matched the planned numbers.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. There were a number of bank members of staff who worked within all departments to cover vacancies, sickness and annual leave. Staff would back fill with agency staff where necessary.

Medical staffing

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

Good

Surgery

The service had enough medical staff to keep patients safe. Resident Medical Officers (RMOs) worked on a weekly rotation at both hospitals. RMOs at Rowley Hall Hospital provided 24 hour cover, 7 days a week. All RMOs had ALS training.

The service always had a consultant on call during evenings and weekends. An emergency out of hours telephone number was available and a pager for emergencies. All senior managers took turns being on the on call rota and could be contacted when required for advice and support.

Consultants were appointed under a practicing privileges basis and the surgical lists were planned in accordance with their availability.

Records

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

Patient notes were comprehensive and all staff could access them easily. The hospital used the provider's electronic patient record system for all aspects of care that the service provided. We reviewed 5 patients notes whilst on inspection and all were fully completed. Staff could easily access patients notes when required.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Staff locked computers when not in use.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Theatre staff checked the dates on all medicines prior to use.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff fully completed medical records accurately and kept them up-to-date, this included noting that patients medicines had been reviewed. Staff ensured patients and family member received advice on medicines prior to discharge.

Staff stored and managed all medicines and prescribing documents safely. Appropriate, secure storage facilities were in place. The controlled drugs cupboard in theatres was well organised and contained no expired medicines. The service managed pharmacy stock effectively and had an appropriate system in place. The service monitored room and fridge temperatures appropriately.

Staff learned from safety alerts and incidents to improve practice. All staff received regular safety updates and these were discussed in team meetings. Medicines' management subcommittee meetings took place and reported into the hospital's quality governance meeting.

Incidents

Good

Surgery

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Staff were aware of the incident reporting process. The hospital reviewed all incidents and took the required actions needed to address and mitigate any potential risks.

The service had no never events on any wards. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined. Managers shared learning about never events with their staff and across the trust. Managers shared learning with their staff about never events that happened elsewhere.

Between 1 January and 31 December 2023 there were 13 incidents within the surgery department within Rowley Hall. All of these incidents had been investigated and closed.

Staff reported serious incidents clearly and in line with trust policy.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff were able to explain how duty of candour principles would be applied to incidents. The hospital maintained a duty of candour log and used a detailed checklist for all potential incidents.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care at safety huddles and handover meetings. Staff would discuss feedback from incidents with individual staff members and take appropriate action where necessary.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. There was evidence that changes had been made as a result of feedback. We reviewed three root cause analysis (RCAs) reports for reported incidents and found the investigations were thorough and timely. Appropriate lessons had been identified and effective actions plans were in place to support improvements. Themes and actions from RCAs were routinely discussed at Head of department meetings, governance and Medical Advisory Committee meetings.

Managers debriefed and supported staff after any serious incident.

Is the service effective?

Good

Our rating of this core service stayed the same. We rated it as good.

Evidence-based care and treatment

Good

Surgery

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were reflective of national guidance. Regular policy updates were provided centrally via the provider's central alert system. This included monthly updates on National Institute for Health and Care Excellence (NICE). We saw these were discussed at the hospital's quality governance meeting. Staff could access policies easily.

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.

Staff made sure patients had enough to eat and drink including with specialist nutrition and hydration needs. Patients confirmed this. There was an extensive choice of meals and snacks available. The meals we saw being served at lunch time looked very appetising and were very well presented. Patient feedback about the food and menu choice was very positive.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. We saw that these risk assessments were reviewed regularly.

Patients waiting to have surgery were not left nil by mouth for long periods.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. Staff clearly provided this and noted in patients records.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. Outcomes for patients were generally positive, consistent and met expectations, such as national standards. The National Joint Registry (NJR) records, monitors, analyses and reports on performance outcomes in joint replacement surgery in a continuous drive to improve service quality and enable research analysis, to ultimately improve patient outcomes.

Good

Surgery

The risk adjusted 5 year revision ratio for hips (excluding tumours and neck of femur fracture as reported in the National Joint Registry) was 1.0 on the period August 2016 to August 2021. This was comparable to the national average.

The risk adjusted 90 day mortality for hips (excluding tumours and neck of femur fracture as reported in the National Joint Registry) was 1.2 on the period August 2016 to August 2021. This was comparable to the national average.

The risk adjusted 5 year revision ratio for knees (excluding tumours as reported in the National Joint Registry) was 1.7 on the period August 2016 to August 2021. This was slightly higher than the national average.

The risk adjusted 90 day mortality for knees (excluding tumours as reported in the National Joint Registry) was 0.4 on the period August 2016 to August 2021. This was below the national average.

National Joint Registry: Hip and Knee operations: Comparing this hospital to other hospitals on the 2021 National Joint Registry, performance was better in 1 metric(s), worse in 1 metric(s) and similar in 3 metric(s). In this context, 'similar' means that the hospital's performance fell within the expected range or had an 'amber' rag rating. The national standard was met in 3 of 6 of the relevant metrics.

(Reference: CQC Insight)

In the NJR's 'Annual Clinical Report for Financial year 2020/21', the hospital performed better than the benchmark of 95% and the national average in two indicators (hospital consent rate at 97% and hospital data linkability at 97%) and the remaining 6 indicators were all within the expected range. Rowley Hall Hospital had received the NJR 'Quality Data Provider Award' for the last 3 years.

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering two clinical procedures for NHS patients, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

PROMs for NHS funded patients having hip replacements at this hospital were the same as the England average for 2019/2020.

PROMs for NHS funded patients having knee replacements at this hospital were the better than the England average for 2019/2020.

(Reference: CQC Insight)

In terms of PROMs for privately funded patients, the hospital performed better than the England and provider group's average for hip, knee and shoulder procedures for the quarter April to June 2022. PROMs for carpel tunnel procedures were lower than the England average but was based on a small sample size, which may not have been reflective. The hospital was part of a pilot programme provided by the provider to improve collection of PROMs responses electronically.

National safety standards for invasive procedures (NatSSIPS) were published in September 2015 to help NHS organisations provide safer care and to reduce the number of patient safety incidents related to invasive procedures in which surgical Never Events can occur. The NatSSIPS cover all invasive procedures including those performed outside of the operating department. All theatre staff showed good awareness of NatSSIPS.

Good

Surgery

Managers and staff used the results to improve patients' outcomes. We saw frequent review of activity and outcomes discussed at the regular Heads of Department and Clinical Governance meetings.

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. Managers shared and made sure staff understood information from the audits. Improvement were checked and monitored. Staff and leaders followed the provider's audit system which was thorough and showed all audits to be carried out and the frequency. Staff had training to use this system available.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital followed the provider's procedures for ensuring all consultants had appropriate practising privileges arrangements, including medical indemnity cover. A practising privilege is the 'licence' agreed between individual medical practitioners and private healthcare providers and governs the range of surgery they are competent to perform. The service had 'Facility Rules' which set out a minimum level of standards and requirements necessary to achieve the best outcomes for consultants, patients and the provider. The service had a local process in place for applications for practising privileges. To maintain accreditation with the hospital, accredited healthcare professionals with practising privileges were required to routinely provide evidence to support ongoing oversight of their practice, including professional registration, mandatory training, medical indemnity cover and appraisals.

Managers gave all new staff a full induction tailored to their role before they started work. Staff all said they had received both corporate and local inductions, which had met their needs.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The hospital followed the provider's 'Continuing Professional Development' policy to ensure all staff were in an environment where managers were committed to providing a culture of continuing professional development. Staff completed performance development review (PDR) forms included reflections on the past year, objectives review and setting, behaviours, plans for the next year and referenced the provider's competency framework.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified poor staff performance promptly and supported staff to improve. The hospital followed the provider's 'Performance Development Review policy to promote best practice in managing the formal review of staff performance.

Multidisciplinary working

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

Good

Surgery

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. At 9am daily, a whole “Hospital Huddle” with all senior leaders was held to discuss the resuscitation team for the day; any staffing issues; any concerns; the activity for the day; any safeguarding issues; finance and any complaints and complements from friends and family feedback.

The theatre department had a huddle with the whole team to discuss the theatre lists and any issues from previous day; theatre lists and cases for the present day; confirm which person was holding the ‘crash’ bleep for the day; key issues from the main hospital huddle and then everybody was asked if they have any other issues or positives to highlight. All this information was then emailed to all staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. Communication systems with the local NHS trust and GPs were effective. Staff knew how to refer patients for mental health assessments when they showed signs of mental ill health, depression.

Seven-day services

Key services were available to support timely patient care.

The residential medical officers carried out a daily ward rounds on the ward, including weekends. Patients were reviewed by consultants as part of their care pathway. Staff could call for support from doctors and other services, including mental health services and diagnostic tests, 24 hours a day, seven days a week if so required. Theatres operated 6 days a week at the time of the inspection.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in the hospital. Staff assessed each patient’s health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff assessed each patient’s health as part of the pre-assessment consultation and again on admission.

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 gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients’ records. In records we reviewed and during operations we witnessed staff always gained appropriate consent from patients before proceeding. There was a thorough audit trail in the electronic patient records we viewed. Consent was taken in clinic at least two weeks prior to admission then patient was re-consented on day of surgery as per requirements.

Good

Surgery

The hospital confirmed that no recent mental capacity act assessments or best interests decisions had had to be made, given the nature of the patient population served. However, they understood when patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available. This was an integral part of the pre-assessment consultation that patients had prior to surgery.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. As of 3 March 2023, the average training compliance for these courses across the service was 98.23%.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff demonstrated an understanding of Deprivation of Liberty Safeguards in line with approved documentation.

Is the service caring?

Good

Our rating of this core service stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff were very proud of the care they gave. From our observations, all staff were very pleasant and polite to patients, other colleagues and to all visitors. All patients said staff treated them well and with kindness. Feedback from all patients spoken with was universally positive about the all the staff. Visitors were very complimentary about the service provided by staff. Feedback from patients included:

'Staff make you feel comfortable.'

'What lovely people, I felt so comfortable and looked after'.

'A first class service'.

'The facilities are excellent'.

'There is a really good team here'.

Good

Surgery

The hospitals used an electronic system to capture real time patient feedback using a number of patient experience survey systems. The hospitals kept a compliments log which showed that from 1 July 2022 to 31 January 2022, 8 compliments had been received from patients. We noted the universally positive patient experiences from 11 feedback forms for the hospital's hysteroscopy service in the period March to August 2022.

Staff followed policy to keep patient care and treatment confidential. We saw staff respect and maintain patients' privacy and dignity at all times. Staff were able to give us a good summary of the patients under their care.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. We saw a number of positive, caring interventions by staff, who always took their time to ensure patients' needs were understood and met appropriately. Staff knew the needs of each individual patient very well and provided a very person-centred approach to the care they delivered. Patients were provided with verbal and written information about the risks of surgical site infections associated with their operation. This included how and when they should report problems with their wound.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us who they would support patients and we saw positive examples during the inspection. Staff were very empathetic and caring. Staff provided appropriate care to those patients that were in communal areas, such as the reception area, in line with their needs assessed needs and care planning.

Staff would support patients if they became distressed in an open environment, and help them maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff displayed great empathy on all care interactions we saw. Staff gave examples from the COVID-19 pandemic of how sensitive information was relayed to patients and their relatives.

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. Staff used a holistic, person centred approach to each individual patient, and took time to get to know them and their needs and wishes. Patients were complimentary about the care they had received. Communication from the hospital staff was felt to be excellent and informative.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients we spoke with confirmed this; they knew exactly would stage their treatment was at, and who to call for in case they needed more information.

Good

Surgery

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary**.** Staff were very kind and friendly to all patients and any visitors. Staff had access to communication aids to help patients become partners in their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Staff were very proud of the feedback their patients gave. We spoke with eight patients during the inspection. All were very complimentary about the staff, the care they gave, the timeliness of care being given, the environment and availability of car parking.

Is the service responsive?

Good

Our rating of this core service stayed the same. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. The service was seeing a number of NHS patients to help alleviate the 'backlog' in referrals locally, as arranged with local commissioners. The service worked with local NHS trusts to help locally with NHS elective backlogs. Leaders were exploring implementing different types of service across both hospitals to reflect needs of the local community and to continue to support local NHS providers, especially with the national drive for elective recovery. Appropriate contracts were in place with 7 local commissioning groups for treating NHS funded patients for:

Spinal Services for Adults (18+).

Elective Orthopaedic Service for Adults (18+).

Elective General Surgery.

Elective Urology.

Acute Gynaecology Services.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. 11 rooms in the hospital's ward were single rooms and there was a 2 bedded room.

Facilities and premises were appropriate for the services being delivered. The hospital had the facilities to undertake the surgery provided.

Good

Surgery

Staff could access emergency mental health support when the service was open for patients with mental health problems, learning disabilities and dementia. All patients had their needs thoroughly assessed prior to treatment and staff knew who to contact of needed.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Patients were sent reminders ahead of their planned surgery date.

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. All patients had their needs thoroughly assessed prior to treatment. Dementia screening was completed as indicated and concerns were highlighted, and an alert would be added to the medical records system.

Areas were designed to meet the needs of patients living with dementia. Staff supported patients living with dementia and learning disabilities by using appropriate risk assessments and care plans. The hospital had a comprehensive 3 year 'Dementia Strategy' in place which was focused on improving the care and experience of people living with dementia and their carers by delivering a holistic, person-centred care philosophy.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had had training and access to appropriate communication materials. Staff had access to the provider's learning disability and autism awareness courses which included guidance on how to make the service fully accessible. Staff followed the provider's comprehensive policy to support 'Patients Who Require Additional Support to Access Information and Services', with clear guidance on assessment of needs, support required and designed to ensure complied with the Accessible Information Standard, formally known as DCB1605 Accessible Information.

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. Staff had access to communication aids to help patients become partners in their care and treatment. Managers made sure staff, and patients and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The menu was very varied, and all patients said how flexible the catering service was to meet their needs. The catering service was very flexible so that patients' needs were met.

All patients were individually assessed, and staff only excluded patients if they were are unable to provide an appropriate and safe clinical environment. All patients must have met the social/clinical criteria for day surgery.

Access and flow

People could mostly 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.

Good

Surgery

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The surgical waiting list within 18 weeks was 52.78% in March 2023. The surgical waiting list over 52 weeks was 5.97%. The Referral to treatment (RTT) definition in England, under the NHS Constitution is patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.

Most NHS referrals were seen within 18 weeks. Managers used a clear clinical prioritisation process to review the waiting list periodically and actively sought the views and wishes of patients. A detailed action plan was in place for both hospitals setting out key delivery milestones for monitoring and reducing the RTT waiting lists, with weekly and monthly reporting.

From information provided, as of 3 March 2023, the hospital had a waiting list comprising:

0-18 weeks: 1742

18-26 weeks: 476

26-40 weeks: 604

40-52 weeks: 281

52-65 weeks: 179

65-78 weeks: 14

78-104 weeks: 4

Some of the patients on the waiting had been booked to attend in March.

Managers monitored waiting times and patients mostly received treatment within agreed timeframes and national targets. Managers used a clear clinical prioritisation process to review the waiting list periodically and actively sought the views and wishes of patients. A detailed action plan was in place for both hospitals setting out key delivery milestones for monitoring and reducing the RTT waiting lists, with weekly and monthly reporting.

Managers and staff worked to make sure patients did not stay longer than they needed to. There was one ward only at this hospital so there were no ward moves for patients.

Managers worked to keep the number of cancelled operations to a minimum. When patients had their operations at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Staff supported patients when they were referred or transferred between services. Staff ensured patients information was shared with patients GPs or NHS hospitals.

Learning from complaints and concerns

Good

Surgery

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. Patient feedback confirmed this. Staff responded quickly when an issue was raised. Appropriate information was available to patients and visitors. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff discussed complaints at head of department meetings. The general themes were communication, cancellations and pre-assessment. Patients were always offered an initial early conversation to understand the issue and see if it can be resolved quickly. Almost all complaints were resolved quite quickly by this proactive approach and rarely did they progress to stage two of the hospital's complaints' process.

Between February 1 2022 and January 31 2023 the service had two complaints. There were no overdue complaints at the time of the inspection.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed two recent complaint response letters and saw investigations of the issues raised were thorough.

Managers shared feedback from complaints with staff and learning was used to improve the service. Any complaints and compliments were discussed at the daily safety huddles and at handover meetings. Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Good

Our rating of this core service stayed the same. We rated it as good.

Leadership

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

The senior management team were very experienced, visible, supportive and clearly knew their staff and their patients. The hospitals' senior leadership team (SLT) worked cohesively and inclusively across both hospital sites and comprised a Hospital Director, Hospital Manager, Operations Manager, Finance Manager, Head of Clinical Services, Human Resources and Training Manager, Theatre Lead, Ward manager, Outpatients manager, Radiology Manager, Governance Lead, Pharmacy lead, Receptionist Lead, Physiotherapy lead and a Business Office/Stores lead.

Good

Surgery

The senior management time were highly compassionate and kind to each other and to all staff. They appeared to be a very cohesive team working hard for the benefit of all patients, staff and their service. Leaders were proud of their joined up approach. We saw very passionate, committed matrons and local managers throughout the service.

Leaders had an ambitious vision for the future and stated they were very proud of their staff and the hard work they have put in during the COVID-19 pandemic. Recruitment, retention and support for staff was clearly of concern, especially in theatres, and leaders were fully aware this and had plans to address this. Consultants were fully engaged and committed to deliver the best possible services for their patients. Consultants highlighted that since the new governance lead started, they felt much more supported and any issues they highlighted were being dealt with e.g. advertising and employment of staff.

Leaders were proud of each other and the feedback they received from staff. Leaders had a nurturing and developmental approach to support all staff. Staff spoke of a caring atmosphere to work in, down to the culture of teamwork and sharing which they felt was extremely strong. Staff recognised times have been extremely difficult for all heath care providers during the COVID-19 pandemic and acknowledged how the team came together to support one another.

Vision and Strategy

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

The values of the provider were well embedded across the hospital and all staff were familiar with them. The hospital had embedded the provider's values and focused on maintaining the highest standards of quality and safety, being an employer of choice, and operating its business according to 'The Ramsay Way' philosophy. Staff were proud to work at this hospital. Rowley Hall Hospital adopted and embedded the values of the 'Ramsay Way' and leaders ensured these were 'lived' everyday by a clear focus on these values.

Leaders had the local vision of being recognised 'as the premiere provider of healthcare in their area. They offered a range of services and proven outcomes to patients. They were a dedicated team of professionals, focused on the needs of our customers and to creating a profitable business, sustainable in the long term. They had plans in place to achieve these. The hospital had a dedicated focus on 'Bringing the Ramsay way to life'.

The hospitals had a strategy in place covering the period to 2030 with a focus on developing the services provided across the hospitals. This was aligned with the provider's national strategy and was adapted to meet local need, including supporting the local NHS trust to respond to increasing needs in elective care, due to the impact of the COVID-19 pandemic. The strategy promoted inclusivity and respecting diversity and had a clear overarching focus on the safety and quality of services delivered. Leaders were well appraised of the provider's national strategy and their role in helping deliver it. Leaders also were embedding the provider's updated 'Sustainability Strategy' which aimed to offer high-quality health care under 'The Ramsay Way' ensuring 'our people, our planet and our communities are all well cared for'.

Culture

Good

Surgery

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

Staff at all grades, were always very friendly and very welcoming and we had open and honest conversations with a wide variety of staff across the service. There was a real community feel to the hospital. Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Almost all staff said they trusted the local leadership team and almost all felt able to raise concerns with them. Staff fully recognised the impact of the COVID-19 pandemic and staff had felt supported throughout this time by leaders.

There was a very strong sense of teamwork which encouraged candour, openness and honesty. Staff told us the support they had received from their colleagues in the service helped them cope with the pressures which sometimes arose when they became very busy. Senior staff were very proud of the positive feedback their teams received. They also spoke very highly of their staff having a 'can do attitude' and their willingness to help each other. Theatre staff spoke of an inclusive, supportive culture. Leaders worked very closely together and shared their knowledge and skills to support each other and the wider staff team. Leadership development training was available from the provider.

All members of the theatre team we spoke with said how positive the working environment was and how everyone supported each other. All staff were aware of how to escalate any concerns effectively.

Leaders appropriately addressed behaviour that undermined patient, and staff safety. Rowley Hall had embedded the 'Speaking up for Safety' (SUFS) programme, developed by an internationally recognised healthcare safety organisation. SUFS was a programme to build a culture of safety and quality by empowering staff to support each other and raise concerns. SUFS formed part of the mandatory training for all staff and informed discussions at the daily huddle which had representation from all areas of both hospitals. Leaders checked that staff were aware of the provider's policy 'Speaking Up for Safety (SUFS)' and were committed to promoting a culture where feedback and speaking up for safety was encouraged, supported and welcomed. One of the SLT had undertaken the provider's SUFS trainer/deliverer course and was proactively supporting all staff to raise awareness and drive improvements across the whole hospital.

Leaders were fully committed to improving and maintaining the mental health and well-being of all staff by promoting awareness of mental health and providing support for staff through different programmes. Three qualified mental health first aiders (MHFA) were available for staff to access at Rowley Hall Hospital. Staff also had access to a trained counsellor who was available for 1:1's when required. The provider also offered an employee assistance programme that was free to all employees and could be accessed without referral to occupational health. Leaders actively promoted this service and encouraged staff to use whenever necessary. There was a range of information available to staff via the provider's intranet including for mental health and wellbeing, and occupational health.

The leadership team and the provider had supported all staff, and patients, throughout the Covid-19 pandemic with a range of support, both locally and nationally. This support included intra-operative swabbing, post-operative follow up calls, use of an outbreak toolkit, staff screening and testing support, risk assessments of all staff, provision of working from home where appropriate, mental health and well-being toolkits, and enhanced support available from the provider's intranet. All staff accessed the provider's regular 'Team Update: COVID-19' with a focus on local leadership, PPE and mental health awareness.

Good

Surgery

Leaders and staff worked together to support their local community. Staff members took part in the local baton relay for the commonwealth games. Leaders held various celebration/awareness days. Leaders recognised staff successes. Various members of the staff team had been recognised for their work by receiving one of the hospital's 'Healthcare Heroes' monthly awards. Staff were also recognised for their long service by getting an award.

Governance

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

A governance system was in place with the production of detailed information about the service's performance, which was discussed at regular governance meetings and used to demonstrate effectiveness and progress across the service. Minutes seen described the performance and safety issues for the service clearly and any actions required to improve the service were identified appropriately. Local leaders confirmed that key messages were cascaded throughout staff teams.

The leadership team worked to ensure all governance requirements were met and that continual improvement and commitment to quality remains central to all services. At Rowley Hall Hospital the quality governance agenda was led by a team consisting of the Head of Clinical Services, the newly appointed Quality Governance Lead and Quality Governance Coordinator. The governance structure in place included:

Monthly Clinical Governance Committee (CGC) and quarterly integrated governance committee to review incident trends and complaints, with 12 subcommittees meeting monthly.

Monthly departmental review meetings with Head of Clinical Services (HOCS), Finance manager and Human Resources, discussing quality, safety and risk.

Efficient reporting of incidents and management of risk and trends by Matron, Hospital Manager, Hospital Director, Outpatients HOD and Ward manager, monitored daily by HOCS. Staff underwent reporting training as part of their induction and clear expectations were set around efficient reporting of incidents.

Hospital Risk Register which was reviewed in monthly risk and Senior Leadership Team (SLT) board meeting'.

Health & Safety, IPC meetings, Endoscopy, medical device and best practice meetings (all subcommittees) and a daily leadership huddle was held.

Electronic staff rostering was completed 4 to 6 weeks in advance to allow for robust staff management and planning, ensuring substantive and bank staff were available to enhance safety and offer continuity.

Weekly activity planning meetings were held each Tuesday. Up to 8 weeks of theatre lists were reviewed to ensure sufficient equipment was ordered and staffing was organised.

The service had an appropriate Medical Advisory Committee (MAC) in place. The MAC with a chair, vice chair and 8 members. Clear terms of reference were in place. Meeting minutes showed detailed consideration of impacts of COVID-19,

a review of learning from recent complaints and incidents, and updates on consultants' practising priveledges' compliance. The hospitals helds monthly Heads of Department Meetings to review performance and risks and to drive improvements. Minutes seen showed they were well attended and had a standing agenda, covering general updates, activity reports, lessons learned for incidents and complaints, audit results, anf finanical forecasts.

We reviewed a variety of meeting minutes including from team meetings, theatre meetings, HODS meetings, SLT meetings and saw effective records of discussion. Staff discussed incidents and feedback received, issues raised, actions delivered and required with clear onward tasking of actions, via action logs where needed. All members of the theatre team we spoke were aware of the governance structure. The hospitals held Clinical Governance Meetings quarterly and minutes seen showed they were well attended and covered a range of topics to drive improvements across services. Actions were identified and assigned to the relevant staff to carry out. Health and safety meetings were held regularly and well attended. Minutes seen showed areas to action to make required improvements.

Management of risk, issues and performance

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

Leaders monitored referral to treatment (RTT) performance and at the time of our inspection in August 2022 and February 2023, a significant number of patients had been waiting over 18 weeks. Only 52.78% of patients had received treatment within 18 weeks of RTT. Although an action plan was in place, we were not assured on how leaders intended to reduce the waiting list.

Leaders were fully aware of the risks in the service. The most notable risk was the staffing pressures particularly in theatres. Longer term plans to improve services were in place, but at the time of the inspection, these outcomes had not yet been delivered.

Leaders maintained an appropriate risk register, which defined the severity and likelihood of risks in their services causing potential harm to patients or staff. They documented the measures to be taken to reduce the risk. We saw the risks reflected the concerns described by staff in the service. Staff knew how to report and escalate risks. Staff said the risk registers were reviewed frequently by the leadership team and severe risks were escalated to the provider's regional support team as required. There was a detailed and comprehensive risk register in place for the theatre unit, which had been reviewed regularly. Clear mitigations were in place for the 9 ongoing risk entries. This fed into the overarching hospital risk register, which again was detailed and contained clear risk scoring, effective mitigations and timely reviews as required. We noted the risk register was routinely discussed at governance meetings and HOD meetings. All members of the theatre team we spoke were aware of the risk register and mitigations in place.

The hospital had an appropriate risk management policy and process in place. The hospital followed the provider's 'Risk Management' policy which aimed to improve the quality and consistency of communication when patients were involved in an incident, there was a clear process is place. Incidents were reviewed at SLT, Head of Department and Clinical Governance meetings also at MAC, Health and Safety and IPC Meetings and via team meetings. Information regarding incidents was displayed on notice boards in staff areas to ensure awareness and sharing of learning at all levels.

Good

Surgery

The hospitals used systems to capture real time patient feedback. The service used an electronic system to capture real time patient feedback using a number of patient experience survey systems including the Private Healthcare Information Network (PHIN) Patient Experience, Hospital Friends and Family Test and NET Promoter. Data was used to identify the hospitals' best performing areas and opportunities for improvements.

Staff completed a regular audit programme. Audit completion was monitored via the quality governance meetings, with all departments required to provide an update on progress with compliance and delivery of their action plans. This had provided valuable insights for the hospitals own services.

Teams held regular team meetings and we saw that patient feedback, performance and delivery and learning from incidents was discussed and documented. A whole hospitals approach was used to cascade learning across different teams.

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.

Staff had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. Staff received data on a regular basis, which supported them to adjust and improve performance as necessary.

Staff were aware of how to use and store confidential information.

Appropriate notifications were made to external organisations when required. CQC received 3 appropriate statutory notifications for the service in the year period to this inspection, in accordance with the regulations.

Engagement

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

The leadership team engaged with staff and aimed to ensure all their voices were heard and acted on to shape services and the culture. The service gathered feedback from staff through a variety of forums and methods. Almost all staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and managers.

Views and experiences of patients and those close to them were gathered and acted on to shape and improve the service. The service was establishing a patient forum with a terms of reference and standing meeting agenda developed. The service was identifying patients who may wish to attend.

All staff we met on inspection said it was a good place to work, with good support from management. All staff said that they felt comfortable to speak to the hospital management team. They also knew the names and who the senior team were. A recent staff survey showed levels of engagement were comparable to the provider's national average and that overall, staff understood their job and recognised the provider's focus on high quality care. Local actions to feed into the provider's ongoing action plan were being taken, including enhancing cooperation between teams and change management.

Good

Surgery

Learning, continuous improvement and innovation

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

Since the last inspection in 2016, when we rated this hospital as good overall, the following improvements had been made:

Surgical safety processes were embedded in theatres.

Staff who worked in recovery were trained in Advanced Life Support (ALS).

Staff were mostly up to date with mandatory training. Where compliance wasn't up to targets, robust plans were in place to address this.

Staff and leaders were committed to innovation and were following the provider's national policy, 'Introduction of New and Evolving Techniques, Medical Devices, Medicines and Therapies'.