

Welbeck Street Diagnostic Centre LLP

Welbeck Street Diagnostic Centre LLP - The London Digestive Centre

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and monitored their pain. 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.
- 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 people who use the service, 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 a diagnostic procedure.
- 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 managed services and all staff were committed to continually improving services.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Outstanding



Summary of each main service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received training that was relevant to their role and had opportunities to develop leadership skills.
- 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. Regular safeguarding audits were undertaken to ensure the service complied with the provider's policies and procedures.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service had a wide range of audits which were completed regularly and used to drive improvement.
- 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. Managers

Summary of findings

attended training on mental health to better support staff wellbeing. The service formed wellbeing groups to ensure the needs of all staff were met.

Outpatients

Outstanding



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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided excellent care and treatment, delivered by highly trained, professional staff who received specialist development. 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 flexibly and at short notice.
- 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 constantly asked people for feedback, which was persistently and overwhelmingly positive and exceeded the provider's expected standards. Such standards were furthered by the team's internal audit system and care ethos that focused on patient centred, compassionate care.
- 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. People could access the service when they needed it and did not have to wait too long for treatment. The complementary range of clinical specialties available made many care pathways available on a

Summary of findings

'one-stop' basis. Cross-specialty services focused unwaveringly on improving quality of life and patient-defined outcomes through a constant drive for excellence.

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and applied them effectively and innovatively 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 continually improving services.
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Summary of findings

Contents

Summary of this inspection

Background to Welbeck Street Diagnostic Centre LLP - The London Digestive Centre

Page

7

Information about Welbeck Street Diagnostic Centre LLP - The London Digestive Centre

7

Our findings from this inspection

Overview of ratings

10

Our findings by main service

11

Summary of this inspection

Background to Welbeck Street Diagnostic Centre LLP - The London Digestive Centre

Welbeck Street Diagnostic Centre LLP -The London Digestive Centre is operated by Welbeck Street Diagnostic Centre LLP and is part of HCA Healthcare. The London Digestive Centre is part of the Princess Grace Hospital and is a purpose-built outpatient and diagnostics centre treating upper and lower gastrointestinal diseases, liver and pancreatic disorders, neuro-gastroenterology and ear, nose and throat (ENT) conditions. The service is staffed and designed to offer seamless care pathways from consultation and diagnosis to treatment and long-term condition management. The service specialises in conditions of the stomach, bowel, liver, bile duct and pancreas and offers outpatient consultation and diagnostic services.

The centre is one of 22 outpatient and diagnostics centres that HCA Healthcare operates in the UK and is linked to a nearby hospital within the provider's network. Outpatients sees patients independently of other services as well as providing care integral to surgical treatment pathways for pre-assessment and post-surgical recovery.

Welbeck Street Diagnostic Centre LLP has an advanced imaging suite, 17 consulting rooms, two treatment suites and facilities for x-ray, fibroscan, magnetic resonance imaging (MRI), computed tomography (CT) and ultrasound. There is one ear, nose and throat (ENT) room. A wide range of medical and surgical specialists provide care from the centre, including: hepato-pancreato-biliary (HPB) surgeons, hepatologists, colorectal surgeons, upper gastrointestinal (GI) services and gastroenterology services. GPs provide care from the centre and have a separate registration with CQC. This means they are not included in this inspection report.

The service provides outpatient care within a clinical service line. This means patients receive pre-assessment, imaging, inpatient, surgery, outpatient and follow-up care in different facilities and delivered by a team of specialists. This formed part of an integrated working ethos and reduced the need for patients to transfer between departments. Our inspection included staff who delivered care in outpatients within a variety of clinical pathways, most of whom worked between sites and clinics in the provider's network.

The main service provided by the centre was outpatients. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatient service.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We inspected the diagnostic and outpatient department. We carried out the unannounced part of the inspection on the 11 October 2021.

During the inspection visit, the inspection team:

- Spoke with the chief executive officer, 15 staff and a patient partner.
- Spoke with eight patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

Summary of this inspection

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:

- There was no waiting list for outpatients and staff had established a number of rapid-access care pathways that meant patients could see a consultant and undergo diagnostic testing and treatment on the same day. GPs and dieticians supplemented this process, which increased convenience and speed of treatment for patients. Blood tests results were returned within one hour at all times the service was open.
- Levels of engagement led to improved working conditions for staff and therefore in the standards of care they delivered. Organisational recognition of, and staff involvement with, the Freedom to Speak Up Guardian scheme and inclusivity committees demonstrated substantive benefits for integrity and ethics. -
- Despite not providing mental health care as a key specialty, staff went above and beyond to meet needs, which they detected in patients through extensive training and attention to detail. The fast action of staff reduced patient's risk, protected them from harm and identified previously undiagnosed mental health need.
- Consultants and allied health professionals were establishing a 'prehabilitation' pathway for patients undergoing laparotomies. The team recognised the trauma involved in this procedure and worked with patients to improve their core strength before surgery to improve post-surgical outcomes.
- A focus on innovative practice and research-informed care and treatment had led to the introduction of leading-edge services that demonstrated profound benefits to patients.
- Staff had a deep understanding of the needs and preferences of international patients such as those referred by embassies and consulates. A dedicated concierge team worked with international patients to bridge cultural and religious gaps in understanding of UK COVID-19 restrictions and PPE requirements.
- The service did not have waiting times for diagnostic imaging. Patients were generally offered appointments within 24 hours. Appointments were scheduled based on the patient's own preference for convenience.
- Diagnostic reports were usually made available within 24 hours depending on the urgency of the request and investigation.
- The service audited patients waiting times for diagnostic imaging. Patients were seen within 15 minutes of arrival. Records showed that staff consistently achieved 100% compliance.
- Patients said the service was very efficient. They had a consultation, were booked in for a diagnostic imaging test, received the results and saw the consultant to discuss the results on the same day. Patients said the service was exceptional.
- The service had implemented a Patient-Led Assessment of the Care Environment (PLACE) to actively gain patients feedback to improve the quality of patient care. Two patient partners visited the diagnostic imaging department on 07 September 2021 and provided feedback to improve patients' experience. Patient partners were invited to a meeting with the senior management team to discuss areas of improvement. An action plan had been developed with a completion date for review.
- The service worked collaboratively with the GPs in the outpatient department to develop a new pathway for patients who are allergic to contrast.
- The service provided more advanced diagnostic imaging such as preoperative CT scans to assist in preoperative mapping and planning for Mako hip surgery. A new spinal CT had been trialled by a multidisciplinary team including a consultant, senior radiographer and matron.
- The service had resources for patients with learning difficulties such as a healthcare communication resource book, which included easy read formats, Makaton signs, and symbols for nursing and patient needs.
- The service supported staff to complete postgraduate training and gave them additional responsibilities.

Summary of this inspection

- Staff had enhanced a domestic violence support programme to include discreet contact details they could provide to patients, local referral pathways available nationwide and use of a national specialist agency to support people regardless of gender or first language.
- Senior staff had incorporated intersectionality into safeguarding training to help staff identify risks to patients with multiple protected characteristics. Staff had a track record of early action in suspected safeguarding cases.
- 24 and 48 hour incident reviews were undertaken for all serious incidents which involved the clinical team, executive team and representatives from the corporate governance team.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	 Outstanding	 Outstanding	 Outstanding	 Outstanding
Outpatients	Good	Inspected but not rated	 Outstanding	 Outstanding	 Outstanding	 Outstanding
Overall	Good	Inspected but not rated	 Outstanding	 Outstanding	 Outstanding	 Outstanding

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

Are Diagnostic imaging 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. The service provided statutory and mandatory training using a combination of 'face to face' sessions and e-learning. We reviewed the staff training matrix and saw 100% compliance.

Managers explained the challenges of providing classroom training during the pandemic. Staff completed training by e-learning and had had discussions about their learning online.

The mandatory training met the needs of patients and staff. It included basic life support, infection control, duty of candour, ethics, safeguarding children and adults level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and medication safety.

Staff received training specific to their role. For example, a radiographer received further training as a radiation protection supervisor.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with 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.



Diagnostic imaging

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. The safeguarding lead maintained level 4 training. All clinical staff (100%) completed training to level three and receptionists to level two. Staff said they received safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service used examples of safeguarding incidents across the organisation to identify lessons learnt.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They could access support from senior staff if needed. There had been one safeguarding incidents in the previous-12 months. Records showed the incidents were investigated and reported in line with the safeguarding policy. The service completed regular safeguarding adults audits to check if they complied with the HCA Healthcare assurance framework. Audits completed between April 2021 to September 2021 showed 100% compliance.

Cleanliness, infection control and hygiene

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

The service - performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Radiographers were responsible for cleaning the diagnostic equipment. Items were visibly clean and dust-free, and we saw a daily cleaning check list. Staff used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff PPE such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed a COVID-19 infection control, hand hygiene, clinical uniform and environmental audit monthly. Records showed the service performed consistently to a high standard (100%).

Imaging appointment times had been adjusted to reduce the number of patients waiting to be seen to help maintain social distancing.

Patients we spoke with said the environment was clean.

Environment and equipment



Diagnostic imaging

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 service had suitable facilities to meet the needs of patients' families. There were four diagnostic imaging rooms situated on one floor. The consultation rooms were all well-equipped including couches and trolleys for carrying the clinical equipment required.

The design of the environment followed national guidance. There were warning lights outside the doors to the x-ray room. These warned people of the risks of radiation and lit up when the equipment was in use.

Staff carried out daily quality assurance checks on the imaging equipment. Staff completed checklists and there was evidence of testing all equipment used at the centre.

The service had enough suitable equipment to help them to safely care for patients. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. We checked the service dates for all equipment and found them to be within their service date.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately. Clinical waste audits were completed monthly and showed 100% compliance with the services procedures.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The centre used a "pause and check" system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patient's body that was to have images taken and the existence of any previous imaging the patient had received.

A monthly audit of pause and check from October 2020 to September 2021 showed compliance of 97%. However, we observed that staff did not always use a three-point demographic check and there were occasions when a two-point check was used. Following our inspection, the service provided records which showed the process had been reviewed and would be audited monthly to ensure compliance.

The service had protocols for the operation of the CT and MRI scans. There were local rules for the x-ray equipment which described safe operating procedures in line with national guidance.



Diagnostic imaging

Managers stated that the radiation protection adviser (RPA) had inspected the site prior to the installation of equipment and they continued to provide guidance and support to the radiation protection supervisor. Records showed the RPA completed an annual safety audit report and a risk assessment. The audit found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

Staff knew about and dealt with any specific risk issues. Radiographers told us how any unexpected or significant findings from image reports were escalated to the treating consultant. Staff would contact the referrer by telephone and follow this up with an urgent report.

Staff knew how to respond promptly to any sudden deterioration in a patient's health. Staff told us they had not had the cause to respond to a deteriorating patient in the last 12 months, because of the nature of the service. They had received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it.

Staffing

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

The service had enough clinical and support staff to keep patients safe. The service had three whole time equivalent (WTE) radiographers and was in the process of recruiting for an additional two WTE posts.

The manager adjusted staffing levels daily according to the needs of patients. HCA Healthcare radiographers from the Princess Grace Hospital provided cover if required. The service did not routinely use bank and agency staff.

There was an induction programme which included training on how to use the diagnostic imaging equipment.

The service had low turnover and sickness rates.

Medical staffing

The service had enough medical staff to keep patients safe. The service had radiologists on site who rotated based on the needs of the service.

The radiologists provided reporting services as self-employed consultants under practising privileges. We saw evidence that all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

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. Staff used secure electronic patient records to record patient's diagnostic needs.



Diagnostic imaging

Records were stored securely. All patient's data, medical records and scan results were documented via the centre's secure patient electronic record system.

The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital.

The centre provided referrers with encrypted electronic diagnostic imaging reports.

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

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy. The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. There were no controlled drugs (CDs) kept or administered in the diagnostic imaging departments.

Contrast media was safely stored in the diagnostic imaging department. The contrast media was warmed before use in line with best practice. In rare cases contrast media can cause kidney damage. We saw records which showed there was a contrast checklist and point of care testing to assess a patient's risk in using the contrast agents.

Radiographers were authorised to work under patient group directions (PGDs) to administer contrast media and other medicines required during diagnostic imaging processes. PGDs showed the name of the radiographers and the medicines they were competent to use. PGD audits were completed monthly and between October 2020 to September 2021 the service achieved 100% compliance except for July when 94% compliance was achieved. Records showed actions were taken following the audit in July to ensure 100% compliance.

The service completed a quarterly medicines management audit. Records showed the service achieved 100%.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers reviewed the safety alerts and relevant information was cascaded to staff.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.



Diagnostic imaging

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the centre.

Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations. There was a medical physics expert available for advice when needed.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We checked the incidents log and found incidents were reported appropriately. There were 20 incidents reported in the previous 12 months and 17 of these were clinical incidents. Records showed incidents were reported and investigated in line with the centre's procedure. Managers shared learning from incidents to improve patient care. For example, a new contrast pathway for patients with adverse reactions had been implemented. The new pathway was used, and staff assessed its effectiveness.

The service had no never events, serious incidents or IR(ME)R incidents reported in the last 12 months.

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 could give an example of an incident where the duty of candour requirements applied. There was one incident of unintended injury and records showed the patient was informed.

Are Diagnostic imaging effective?

Inspected but not rated



We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and procedures 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. Staff delivered care and treatment in line with legislation, national standards and evidence-based guidance, including from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists, and the College of Radiographers.

The service's policies and procedures were subject to review by the radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed in January 2021. The audit found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

To ensure safe radiation doses the service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). The DRLs used were based on the national levels for both children and adults.



Diagnostic imaging

The service had a medical advisory committee which met quarterly to review any changes to procedures or guidelines before they are implemented.

Staff said changes to practice and policies were highlighted by the centre manager and they received emails and alerts from the quality and governance team of the parent organisation HCA Healthcare UK. The service had developed a new pathway for patients with an allergy to contrast. The pathway covered instances where a radiologist may not be available onsite and where the GPs in the outpatient department would provide assistance. The service worked collaboratively with the GPs to implement the protocol and staff could explain the new procedure to be followed.

Nutrition and hydration

Staff made sure patients did not fast for too long before diagnostic procedures. Staff took into account patients' individual needs where food or drink were necessary for the procedure.

Staff said patients were not generally offered food in the centre; however, they were offered coffee, tea, hot chocolate or biscuits before or after their scan.

We observed a central area with coffee, tea, hot chocolate and biscuits.

Staff offered diabetic patients an early appointment in the morning or straight after lunch.

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.

Diagnostic imaging patients did not routinely require pain relief. However, staff described how they would offer support to patients who reported being in pain by referring them to one of their consultants to manage it.

Staff assisted patients into comfortable positions for imaging.

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 participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed audits of report quality, the wearing of dose badges, radiation safety warning lights and signs, personal protective equipment, and imaging health and safety checklist. Results showed the service performed consistently to a high standard.

Radiologists onsite were able to produce reports expeditiously. An audit of report writing times from May 2021 to July 2021 showed 98% of reports were completed within an hour.



Diagnostic imaging

Managers and staff carried out a programme of repeated audits to check improvement over time. The service completed quarterly a reject analysis on X-rays. Reject analysis reduces the number of repeated examinations by correcting technical problems and improving the skills of the staff. The reject rate was 6% in February 2021 and 8% in August 2021. This compared with the national benchmark of 10%

Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome of the image quality audits.

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. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from medical practitioners about appraisals and registrations as part of their practising privileges.

Staff said they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, staff had completed postgraduate training in leadership and management.

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

Multidisciplinary working

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

Radiology staff worked closely with referrers to enable patients to have a prompt diagnosis and seamless treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff said they had links with diagnostic imaging departments at other hospitals who they had liaised with to make use of previous images of the same person requiring the test.

Staff we spoke with told us they had good working relationships with consultants. This ensured that staff could share necessary information about the patients and provide holistic care.



Diagnostic imaging

The radiologist routinely attended multidisciplinary meetings with the outpatient department. Radiologists were provided with images ahead of the meeting so they could provide an opinion for discussion. We saw examples of the outcome of regular multidisciplinary meetings.

The service implemented a daily operational safety huddle which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. The provider offered a GP service in the centre, which worked closely with the imaging department.

We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

The centre opened Monday to Friday from 8am – 8pm.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff said if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant. Staff said patients could speak to the consultants to discuss any concerns.

Health promotion

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

Staff directed patients to health promotion information that was relevant to them.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. An audit of the imaging consent procedure from October 2020 to September 2021 showed 97.5% compliance.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Outstanding



Diagnostic imaging

Are Diagnostic imaging caring?

Outstanding



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

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 we spoke with told us the centre was professional, efficient and exceeded their expectations. Patients had consultation appointments and staff were able to arrange the diagnostic imaging appointment on the same day.

The results of the patient satisfaction survey show the service was consistently rated high for compassionate care. From December 2020 to September 2021 100% of patients said they were treated with care and compassion.

Patients said staff treated them well and with kindness. Staff were very kind, helpful and reassuring. Patients said they received professional, personalised and holistic care.

During the pandemic staff provided information through social media to encourage patients to seek medical care for any symptoms they may experience and to raise awareness of safety steps to protect patients from COVID-19. A video was also developed to show patients what to expect when they attended the centre.

Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. The service had dedicated space for challenging or difficult conversations and clinicians were trained to coordinate psychological support when patients received an upsetting diagnosis. A patient said after receiving difficult news staff were very accommodating in arranging appointments for further tests and to see the consultant in outpatients.

Staff gave patients and those close to them support and advice when they needed it. A patient who was afraid of needles explained how staff reassured them and made them feel comfortable during the procedure. This reduced the patient's anxiety, fear and made them feel calm. The patient said the radiographer's patience and kindness helped them to cope with a difficult examination.

Staff understood and respected patients cultural and religious needs. For example, patients could request a male or female chaperone. Staff explained patients could sit in a private waiting area if they did not wish to sit with anyone from the opposite sex for religious reasons. Patients had the option of privately changing in the imaging room, so they did not have to walk from the changing room in a gown.



Diagnostic imaging

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 talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff explained the procedure, checked what diagnostic procedure they were having and checked their identity.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment.

Patients gave positive feedback about the service. From the December 2020 to September 2021 patient satisfaction survey 98% of patients said that treatment was explained to them before any care was provided and 100% said they would be happy to return for future appointments.

Are Diagnostic imaging responsive?



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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people who use the service.

Managers planned and organised services so they met the changing needs of the people who use the service. The service provided planned diagnostic treatment for patients at their convenience. Patients could see all the health professionals involved in their care at one-stop clinics. Appointments could be coordinated between the outpatient department (OPD) and diagnostic imaging. Patients said they were impressed with being able to book an appointment on the same day.

Patients said the service was very efficient. They had a consultation, were booked in for a diagnostic imaging test, received the results and saw the consultant to discuss the results on the same day. Patients said the service was exceptional.

The service did not operate a waiting list. Staff said that all patients were seen promptly, and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the centre in a timely manner. The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. The outcome of each contact was recorded. Appointments cancelled by the service amounted to 1.3% of total visits. Missed appointments were recorded electronically and patients were contacted to rebook appointments.

Meeting people's individual needs



Diagnostic imaging

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.

There was a comfortable seating area, cold water fountain, drinks machine for making hot drinks and toilet facilities for patients and visitors.

The service had information leaflets available in languages spoken by patients. Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. The service also had 24 hours access to an Arabic interpreter who was based at a sister organisation a short distance away.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid. The service had resources for patients with learning difficulties such as a healthcare communication resource book, which includes easy read formats, Makaton signs, and symbols for nursing and patient needs.

The service had a notice in Braille, which was kept at the main reception. This provided patients with key information about the service and how to obtain extra help if needed.

Patients with learning difficulties were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. Staff gave an example of working with other team members to develop a health passport for a patient with physical and learning disabilities to record their needs and preferences.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. One of the superintendent radiographers was the dementia champion and resources were available for patients with mental health problems and dementia. During the COVID-19 pandemic the service made arrangements for patients with additional needs to have a relative or carer to support them, while other patients were asked to attend alone.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were monitored.

The service did not have waiting times for diagnostic imaging. Patients were generally offered appointments within 24 hours. Appointments were scheduled based on the patient's own preference for convenience.

Staff provided on-demand procedures to patients attending outpatient appointments. This included a magnetic resonance imaging (MRI) scan for patients in the Hepato-Pancreato-Biliary (HPB) clinic within one hour of referral. For patients requiring x-rays there was a walk-in same day service and there was no need to book an appointment.

Diagnostic reports were usually made available within 24 hours depending on the urgency of the request and investigation. There was a dedicated pool of radiologists. Images were reported in time order unless it was clinically urgent which would be flagged.



Diagnostic imaging

The centre audited report writing times on a quarterly basis. An audit of report writing times from May 2021 to July 2021 showed 98% of reports were completed within an hour. The service exceeded its target of 95% of reports completed within 48 hours.

The service audited patients' waiting times on arrival at the centre. Patients were to be seen within 15 minutes of arrival at the centre. Records showed that staff consistently achieved 100% compliance.

Learning from complaints and concerns

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

The service had improved its complaints procedure by reducing the time to provide a response from 20 to five working days, improved escalation pathways, and added the role of quality matron to investigate complaints and improve patient's experience. Staff received training on the complaints procedure and said the number of complaints had reduced since its implementation.

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.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, changes were made to strengthen the pre-assessment process.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The diagnostic imaging department received nine complaints in the previous 12 months. Records showed the complaints were investigated and responded to in line with the service's procedure.

Are Diagnostic imaging well-led?



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. 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 centre was part of the provider's national network. Leadership and governance systems were joined with those of the Princess Grace Hospital. There was a head of imaging who was based at the Princess Grace Hospital and attended the centre regularly.



Diagnostic imaging

An imaging manager was supported by the outpatient diagnostic lead, imaging and MRI lead. The imaging manager led the service on a day to day basis with support from superintendents, who supervised each modality, to improve clinical governance.

The service supported two superintendents to complete postgraduate training in MRI and leadership and management. Both superintendents had been given additional responsibilities after completing postgraduate training.

Staff spoke positively about their relationships with line managers and the senior team. Staff described the centre as a good place to work with visible, approachable and supportive leadership.

The staff survey on diversity and inclusivity indicated staff valued a supportive and non-judgmental working environment where they were engaged and respected. The senior team had actioned this feedback and implemented improvements, which staff said were helpful.

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 centre's strategy included plans to ensure staff had the opportunity to learn and grow, increase service development and improve patient satisfaction. There was evidence staff had postgraduate training and opportunities for promotion. Staff said the leadership team supported them in their career progression. Staff felt valued and supported by the leadership team.

The ethos for care was to ensure patients had access to high quality outpatient care, including diagnostic imaging tests, when they required it. Staff understood the role they played in delivering care within the vision and spoke positively about its meaning in their work. This resulted in a positive work environment for staff that valued enthusiasm and commitment. Patients benefited from this approach because it assured them of consistent, individual service from a dedicated team.

Culture

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

Staff we spoke with were proud of the work that they carried out. They enjoyed working at the centre; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work and there were opportunities for progression.

Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Patients told us they were very happy with the centre's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.



Diagnostic imaging

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.

There was a radiation protection committee which met quarterly and fed into the patient safety and quality group and the corporate radiation protection committee. The head of imaging chaired the radiation protection committee where risk assessments, incidents and action plans were discussed.

There were monthly imaging managers meeting to discuss procedures and processes including relevant updates. Managers discussed what worked well for the service and what could be improved, any challenges and learning. Managers visited other sites within the providers network and peer reviewed processes and the outcome was discussed at the meetings.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. The service completed legionella, fire and health and safety risk assessments which were reviewed annually. There was an audit calendar, audits were completed regularly, and action plans completed.

There was a continuing professional development club for radiographers which met monthly. Radiographers met to discuss interesting cases and aspects of learning from each case. For example, radiographers met to discuss the advancement of dual power injectors.

Learning was cascaded to staff through staff work email accounts and governance updates.

Management of risk, issues and performance

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

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

There was a risk management strategy, setting out a system for continuous risk management.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. For example, the risk of evacuating a patient having an MRI scan in the event of complete power failure. Risks were discussed at regular governance meetings.

Staff used a series of quality assurance processes for each modality, including daily quality assurance checks of the imaging equipment.

The senior team worked to ensure quality standards were consistent across all locations. For example, the imaging managers reviewed MRI optimisation to ensure the scanner was used in the same way at each of the providers locations.



Diagnostic imaging

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

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

The service used an application to manage their clinical audits and to share the results.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. Referrers could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

The senior team provided an annual staff survey and thematic analysis to identify trends amongst staff. Following the most recent survey in May 2021, the senior team implemented several changes and communicated to staff through a "you said, we did" process. For example, they improved communication channels through face to face sessions, groups and newsletters. The service had relaunched its leadership and management platform to provide professional development to staff. Staff could participate in listening groups and the diversity and inclusion forum to raise concerns confidentially. A Freedom to Speak Up Guardian was in post and readily available for staff.

Radiologists completed a survey every six months to provide feedback on the quality of the images, the knowledge and technical skill of the radiographer, the service's protocols, communication with the team and the accommodation of patient's appointments. Results showed radiologists were impressed with the service.

Staff said they received regular wellbeing updates. For example, information on maintaining mental health during the COVID-19 pandemic.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.



Diagnostic imaging

The service had implemented a Patient-Led Assessment of the Care Environment (PLACE) to actively gain patients feedback to improve the quality of patient care. Two patient partners visited the diagnostic imaging department on 07 September 2021 and provided feedback to improve patients experience. Patient partners were invited to a meeting with the senior management team to discuss areas of improvement. An action plan had been developed with a completion date for review.

The service had developed a new pathway for patients with an allergy to contrast. The pathway covered instances where a radiologist may not be available onsite and where the GPs in the outpatient department would provide assistance. The service worked collaboratively with the GPs to implement the protocol.






The service provided more advanced diagnostic imaging such as preoperative CT scan to assist in preoperative mapping and planning for Mako hip surgery. A new spinal CT had been trialled by a multidisciplinary team including a consultant, senior radiographer and matron.

The service had commenced a research project to evaluate ways to improve data collection on patient outcomes with a focus on quality improvement.

Managers attended training on mental health to better support staff wellbeing. The service formed wellbeing groups to ensure the needs of all staff were met.

Staff contributions were recognised at an annual awards ceremony. Staff were also personally and formally thanked on a fortnightly basis for good individual or teamwork.

Outpatients

Safe	Good 
Effective	Inspected but not rated 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

Are Outpatients 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. Staff spoke positively about training opportunities and said they were pleased in-person training had resumed following a reliance on remote learning during the pandemic. Line managers encouraged staff to identify training useful for their role, including meeting patients need and developing their professional competences.

The mandatory training was comprehensive and met the needs of patients and staff. At the time of our inspection 100% of staff were up to date with mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff were trained to adapt communication and assessment approaches to ensure people understood their options and received the right care.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff benefited from the provider's wider network to access specialist training. Staff with a special interest in a clinical area were supported to arrange and deliver ad-hoc training to colleagues.

Safeguarding

There are comprehensive systems to keep people safe, which take account of current best practice. The whole team is engaged in reviewing and improving safety and safeguarding systems. People who use services are at the centre of safeguarding and protection from discrimination. Innovation is encouraged to achieve sustained improvements in safety and continual reductions in harm.



Outpatients

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff at all levels understood their responsibilities. Senior staff had incorporated intersectionality into safeguarding training to help staff identify risks to patients with multiple protected characteristics. This reflected an innovative safeguarding culture in which staff understood emerging trends in new, international best practice.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Where staff made a safeguarding referral the senior team audited adherence to the pathway and guidance. All staff undertook Prevent training as part of annual mandatory updates.

Staff had a track record of early action in suspected safeguarding cases. For example, reception staff contacted the charge nurse when they were concerned about someone's agitation in the waiting area. This initiated a sequence of events including a review of mental health records in the service and conversation with the patient to understand their needs. Staff were discreet and ensured people who appeared to exert control or unusual influence over a patient were separated in a way that did not cause suspicion. This was important in cases of suspected coercion or modern day slavery.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a clear escalation pathway to get help with immediate concerns. All staff were trained in safeguarding at a level commensurate with their role. The safeguarding lead was based at the main facility, The Princess Grace Hospital, and staff knew how to contact them for advice and support. The safeguarding lead maintained level 4 training. The head of nursing deputised for the safeguarding lead which meant there was continuous senior cover. A corporate safeguarding lead was based at the provider's head office.

Staff followed safe procedures for children visiting the department. Children seen in the department were pre-booked and staff arranged for a clinical member of the team with level 3 child safeguarding to be in attendance.

At our last inspection we noted the innovative, evidence-based approach the service took to support patients experiencing domestic violence. The service had continued to develop this work and staff used the National Domestic Violence Helpline to help secure specialist help for patients in their area of residence. Staff used discreet stickers with the helpline's contact number that could be attached to innocuous objects. This enabled staff to provide patients with a safety net and was available to people regardless of gender or first language spoken.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which was well-maintained. Each consulting room had a disposable privacy curtain. Staff marked each curtain with its first date of use and the planned date of change. In all cases curtains were within their disposal date. A spill kit was available, and staff were trained to use this to reduce contamination risk from biological spillages.

The service consistently performed well for cleanliness. Monthly audits demonstrated consistent compliance with the organisation's standards.



Outpatients

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All public areas, such as toilets and clinical rooms, had cleaning schedules. We looked at a sample of ten checklists and found them to be up to date.

Staff followed infection control principles including the use of personal protective equipment (PPE). They had adapted and enhanced standard processes to reflect the increased risk of COVID-19. We saw staff followed published guidance on infection control and engaged with patients and visitors to ensure they were compliant. International guidance for the use of the aseptic non-touch technique (ANTT) was clearly displayed in treatment areas.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds and portable equipment such as scanning devices.

The senior team had increased nurse staffing and training to carry out testing for COVID-19 amongst patients attending for procedures. This enabled the service to accommodate demand whilst keeping staff and other patients safe. The infection prevention and control (IPC) nurse maintained oversight of this process and carried out environmental checks when new services began. For example, when the ear, nose, and throat (ENT) clinic opened during the pandemic, the IPC lead carried out a risk assessment of the environment to ensure patient spacing and ventilation were adequate.

The service demonstrated an excellent track record in COVID-19 safety. There were no site-acquired infections to the time of our inspection and staff had a well-practised system to respond to changes in guidance, including at very short notice. This was led by the dedicated IPC nurse and supported by a team of IPC link staff. The team used a series of highly visible posters to keep staff and patients informed of changes in guidance and requirements during the pandemic. These were themed to keep people engaged in their message, such as for Easter, Halloween and valentine's day.

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.

Consultation rooms were fitted with call bells. The nature of the service meant it would be rare for a patient to be left alone and need to use the call bell. However, the system was maintained as a best practice safety measure.

The design of the environment followed national guidance. Staff demonstrated how they had appropriate access to evacuation routes and emergency equipment. Staff carried out daily safety checks of specialist equipment. This included automatic external defibrillators (AED) and resuscitation equipment.

The service had suitable facilities to meet the needs of patients' families. Staff had opened a second waiting room to increase space and privacy.

Staff undertook extensive training in fire safety and evacuation response. A fire controller was always on shift and identified as such during a safety brief before the service opened for patients. A member of the administration team on each floor was a designated fire marshal. The team had recently undergone a major incident response during a power outage that required an evacuation. The senior team said staff had responded well and the evacuation took place in line with training and guidance.



Outpatients

Staff disposed of clinical waste safely. Waste preparation and disposal areas were segregated in line with national guidance and waste disposal flowcharts adhered to Department of Health and Social Care Health Technical Memorandum HTM 07-01, in relation to the management and disposal of healthcare waste.

Assessing and responding to patient risk

A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff. Staff are able to discuss risk effectively with people using the service. People who use services and those close to them are actively involved in managing their own risks.

Staff responded promptly to any sudden deterioration in a patient's health. All staff were trained in basic life support (BLS) as a minimum and nurses and doctors were trained in immediate life support (ILS). Staff underwent simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

The department had a range of appropriate emergency equipment readily available. Emergency grab bags for adults and children were available on each floor. These included airway support equipment and rescue medicines. Spill kits were available throughout the hospital and staff were trained to use them.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. All staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice. Staff audited the completion of chaperone documentation. The most recent data, from May 2021, showed the service achieved 97% compliance. Senior staff identified an issue with the understanding of chaperone documentation and implemented an action plan to improve practice, which had an immediate positive effect.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Clinical staff at all levels understood how to begin this process and provided examples of how arrangements improved patient's outcomes.

Staff arranged psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Consultants worked in the service at planned times and dates and followed this process from their other work locations to ensure continuity. All staff were trained in de-escalation techniques.

Staff empowered patients to make their own decisions about care and treatment and recognised individual preferences might sometimes be inadvisable in the context of a healthcare condition. Staff were compassionate and ensured patients had all the information they needed to make informed decisions about their habits and lifestyle choices. This included supporting patients who wished to take their own risks with health-related choices.

Staffing

The service had enough 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, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. Staff levels were planned in advance and reflected demand on the service and known treatment support needs. Two registered nurses and two healthcare assistants was the minimum daily establishment.



Outpatients

Nurses worked across service lines organised by clinical specialty. This meant staff worked across outpatients and inpatients. Two heads of nursing and two matrons led most nurses who worked in outpatients. A charge nurse was always on site and led the daily operation of the shift. Two clinical nurse specialists, a clinical assistant and healthcare assistants worked across clinics and provided specialist care and support. Staff told us this structure worked well to ensure patients were well looked after and administration staff said delays were kept to a minimum because of good levels of staffing.

The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked, which meant senior staff could plan staffing levels accurately.

The service had low vacancy rates. The service was fully staffed at the time of our inspection.

The service had low turnover rates. There had been no turnover of clinical staff in the previous 12 months.

The service did not use agency nurses. A dedicated team of bank nurses provided additional capacity. This team worked regularly in the service and maintained the same level of training and supervision as permanent nurses. At one stage in the pandemic 50% of permanent nurses were away from work due to COVID-19 and the service remained fully intact due to bank nurse provision. The senior team reported very positive feedback from patients and no associated incidents or complaints.

The outpatient manager had trialled a new recruitment strategy for non-clinical staff after months of disappointing levels of interest in open posts. They used a digital platform to advertise the post and found it worked well, with significant interest from skilled staff with appropriate work histories. The manager was working with the recruitment team to understand how this approach could be rolled out across the organisation.

Medical staffing

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

The service had enough medical staff to keep patients safe. Consultants worked elsewhere in the provider and in NHS facilities. The service did not use an established number for medical staff as services were offered on an advance planning model in line with the provider's delivery plan.

Managers could access locums when they needed additional medical staff. An in-house GP service provided additional clinical capacity and support. This team could see patients at short notice and access consultant and surgical care records to provide continuity in the event a patient needed unplanned additional support.

Managers made sure locums had a full induction to the service before they started work.

The service always had a consultant on call during evenings and weekends. This was provided centrally by the provider and patients knew who to contact out of hours.

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.



Outpatients

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Patient records were comprehensive, and all staff could access them easily. We looked at two sets of patient records which were up to date and clearly written with a focus on good patient outcomes.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff used an electronic patient records system that could be accessed at any of the provider's sites. This enabled staff to readily access treatment notes at any time. This meant patients transitioned seamlessly between services because there was advance planning and information sharing between teams.

Records were stored securely. The electronic system was secured, and care records encrypted. Only authorised staff could access the system.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. Compliance with medicines policy and procedure is routinely monitored and action plans are always implemented promptly.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked in outpatients and those available, such as steroid injections and pain relief, were stored and prescribed appropriately.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff checked the temperature of medicine storage areas daily to ensure it remained within manufacturer safe guidelines. Fridge temperatures were monitored electronically. If a temperature exceeded the parameters of safe storage, the head of nursing received an electronic alert to enable them to act.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, staff reviewed care and treatment records for patients under the service of different clinicians to ensure medicines were not excessive. This included adherence to international guidance on the risks associated with overuse of skin numbing creams.

Incidents

There is a genuinely open culture in which all safety concerns raised by staff and people who use service are highly valued as being integral to learning and improvement.

All staff are open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture of quality.

Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant, participating in local, national, and international safety programmes.

The provider has a sustained track record of safety supported by accurate performance information. There is ongoing, consistent progress towards safety goals reflected in a zero-harm culture.



Outpatients

Staff knew what incidents to report and how to report them. Staff could give examples of incidents they would report and how they would do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. All staff were confident in reporting incidents and near misses. A new member of staff said this had been included in the first stage of their training and induction.

The governance team monitored the progress of all incident reports and investigations. They carried out 24-hour and 48-hour reviews of serious incidents as part of a senior-level process that included the clinical team, executive team, and representatives from the corporate governance team.

Most patients who attended the department were at relatively low risk of deterioration. Staff noted anaphylaxis to be a rare incident and the department reported these occurring on average once per year.

The service had no never events or serious incidents. Staff said recurring incidents were rare and included two instances of mislabelled blood samples, which they attributed to the volume of blood tests carried out.

All clinical staff were trained and empowered to implement the duty of candour. For example, nurses would contact a patient, recall them to the service and explain what had happened whilst an escalation to a head of nursing was underway. Senior staff said this was reflective of the confidence and abilities of staff.

Staff met to discuss the feedback and look at improvements to patient care. Incidents relating to patient care were rare and there had been none reported in the previous six months. Staff demonstrated flexibility when an incident occurred with the booking system that meant a patient presented at this department instead of another site. They ensured the patient received their expected treatment with minimal delay and worked with administrative colleagues to identify the cause of the problem.

Are Outpatients effective?

Inspected but not rated



We do not currently rate effective for outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. 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. The provider had processes in place to address performance issues identified through a comprehensive programme of 21 audits aimed at ensuring evidence-based practice.

The clinical team provided care and treatment in line with their clinical specialty, including that issued by the National Institute for Health and Care Excellence (NICE), royal colleges and other relevant organisations. For example, staff adapted national patient reported outcome measures (PROMS) and the Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAP) diet to plan patient care and ensure it met national guidance and standards.



Outpatients

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. A programme of enhanced training demonstrated the importance placed on this by the team.

Physiotherapists planned and delivered care in line with best practice guidance from the Chartered Society of Physiotherapy (CSP) and NICE.

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 prescribed, administered and recorded pain relief accurately. A dedicated pain relief team provided care for patients who experienced chronic pain, including interventional pain relief techniques.

The team leading the post-surgery colorectal care pathway managed patient's pain by monitoring their self-reported experiences and applying the NICE 2019 guidance relating to tricyclic drugs for neuropathic pain.

The psychologist team provided support to patients living with long-term pain associated with cancer. Consultants joined multidisciplinary reviews and met with patients during medical reviews.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. Consultants and medical professionals, representing a range of clinical specialties, provided care and treatment within specific national guidelines and outcome measures set by the accrediting agencies in their speciality.

The specialist team leading the colorectal post-surgery bowel care service reported a success rate of 83% - 91% in the five months it had been operating. This was based on the use of patient-led decision-making and benchmarking with national guidance such as using PROMS and FODMAP as standards.

The medical director had a clear focus on improving how outpatient outcomes could be measured. There is typically less understanding of how to measure outcomes for outpatients nationally and the medical director was working with sector-wide specialists to build frameworks and criteria for this in the future.

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. Physiotherapists maintained competency standards in line with employed staff. Nurses worked across specialist pathways and told us this was a clear benefit of their role as it meant they built and maintained multidisciplinary competencies.



Outpatients

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. All nurses and healthcare assistants were up to date with supervision and appraisals.

The clinical educators supported the learning and development needs of staff. This team was based at another of the provider's location. They provided support remotely and in person and staff were invited to training and development events.

The service facilitated an atmosphere of learning that aimed to engage with staff at all levels. For example, nurses had supported a second year nursing student to follow the entire patient pathway during a 12-week placement. This included time in pre-assessment, outpatients, surgery, and recovery. The team received excellent feedback and this process demonstrated the importance the service put on development and future workforce planning.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff said meetings had been maintained during COVID-19 restrictions.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, the service identified a potential gap in provision for fibroscans and capsule endoscopy if the current staff were away from work. The senior team worked with nurses to support training amongst those with an interest and appropriate skills.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Clinical nurse specialists worked in key roles across the organisation and provided on-demand reviews and care as part of pre-assessment and post-surgical pathways. The team included a tissue viability nurse and a pain nurse.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. Clinical staff were curious and proactive in expanding their specialty across current boundaries and seeking opportunities to work together. This led to the establishment of services such as a concussion clinic and a new colorectal pathway.

Allied health professionals worked across the service to support patients at points of their care. This team included dietitians, physiotherapists, occupational therapists, speech and language therapists. Dietitians were a core element of the digestive care pathways and provided dedicated therapy and consultation. Therapy staff provided pre-assessment reviews for all patients before they underwent surgery. This was a safety-based strategy that ensured patients were fit for surgery and that it had the maximum potential for success.

Seven-day services

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

The department was open Monday to Saturday with flexible appointment times offered between 8am and 8pm. Outside of these hours patients could access support and advice through the provider's dedicated out of hours service. Prior to the pandemic, the service offered Sunday appointments and staff said they hoped to offer this service again in the future.



Outpatients

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. Staff liaised with colleagues elsewhere in the provider, in other services and in the NHS to ensure patients had timely access to appropriate care.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff demonstrated extensive knowledge of wider specialist services in their areas of care.

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 had implemented a new single point of contact for mental health questions and referrals from NHS providers, including GPs. This meant patients who received care from both the NHS and this independent provider were better protected because staff could share assessment outcomes and plans more readily.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's overarching consent policy. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff noted this was a rare occurrence and usually happened when a patient living with dementia attended for a routine appointment.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment. The senior team audited this process and staff performed consistently in this measure.

Clinical staff received and kept up to date with training in the Mental Capacity Act 2005. All staff (100%) had up to date training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff had a strong culture of proactive action when supporting people with acute mental health need. For example, a nurse had initiated a rapid multidisciplinary review that involved a GP, clinical nurse specialists, the safeguarding lead and a psychologist after finding that a patient may have been fabricating physical illness. Their fast action ensured the patient had access to appropriate and timely mental health care during a period of crisis.

Are Outpatients caring?



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



Outpatients

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. We observed a number of positive interactions between staff and patients that demonstrated kindness and patience.

In the annual Patient Led Assessment of the Care Environment (PLACE), outpatients scored 80% for privacy and dignity during care observations.

Patients said staff treated them well and with kindness. Patients consistently scored the service highly in the monthly experience survey.

Staff followed policy to keep patient care and treatment confidential. We observed discreet interactions that protected patient's personal information. Patients scored confidentiality processes consistently highly in the monthly experience survey.

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 understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff recognised the different communication needs of people based on their age and culture and delivered care accordingly.

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. Patients received long-term care in the department and staff built supportive relationships with them. This enabled the team to identify any change in needs and to provide important reassurance for treatment outcomes.

Staff considered emotional care and support at all stages of the patient's pathway. This was clearly weaved through each clinical plan and strategic decision about care. For example, considerable planning had gone into a new colorectal specialist nurse team, including the appointment of a clinical nurse specialist and creation of a new clinical assistant role. Both individuals noted patient emotional support as a key focus of the service. This treatment was intense and often challenging for patients and the team spent time with each individual to support emotional resilience and assure them during difficult periods. The service reported early success in its outcomes.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff were committed to the provider's dignity pledge, which was developed by colleagues across the service. The pledge guided staff in adapting the service to ensure people's privacy and dignity were maintained in line with individual preferences.



Outpatients

Staff undertook training on breaking bad news and demonstrating empathy when having difficult conversations. Patient feedback showed consistent kindness and empathy from staff and patients frequently contacted the senior team to provide detailed explanations of how well they had been looked after.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and those close to them. The provider's mission statement was focused on a commitment to care and improving people's lives. Staff embraced this and were demonstrably committed to delivering care that promoted good emotional outcomes.

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. Throughout our inspection, staff referred to the importance of patient-led discussions and explained how they facilitated these. The outpatient's manager ensured these needs were met through staff training and service adaptation.

Patient feedback showed appreciation of the lengths staff went to in order to understand their conditions and long-term needs. Patients who received care in the new colorectal biofeedback programme identified better pain management and reassurance that their symptoms were not normal and could be treated. External health professionals had contacted the service to compliment them on their innovation and for finding methods of collaboratively improving patient outcomes.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The medical director was building a programme to better engage patients who received outpatient care to understand more clearly what good outcomes looked like to them. This is uncommon in outpatient services and there were few clinical guidelines for patient-defined care. The medical director understood this and was planning a framework within which to increase patient-defined care outcomes.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care. Staff at all levels demonstrated investment in delivering care that was informed or led by patients. Staff said the most important outcomes from care were those the patient wanted to achieve themselves and they based treatment decisions on this ethos.

Patients gave positive feedback about the service. The patient experience committee tracked performance and feedback from patients. In September 2021 they recognised the outpatient physiotherapy team for achievement of excellence after exceptional feedback from patients.

Are Outpatients responsive?



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



Outpatients

Service delivery to meet the needs of people

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

The centre operated as a core part of all elements of digestive care and treatment provision. Clinicians referred patients directly to subspecialties, such as the neurogastroenterology diagnostic centre based nearby. Such specialist treatment pathways were seamless, and we saw evidence of how they helped patients rapidly access complex services, which improved outcomes and reduced pressure on them to find appropriate services.

A clinical assistant accompanied patients throughout the entire pathway, introducing themselves during the initial consultation, walked with them to surgery, visited them in critical care and then joined them during outpatient appointments. The clinical assistant stayed in touch with the patient to coordinate post-discharge follow up care and worked with the CNS to ensure care reflected the best of integrated working.

Appointments could be coordinated between the outpatient department (OPD) and diagnostic imaging. Patients said they were impressed with being able to book an appointment on the same day. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Decisions about appointment frequency were always made in patients' best interests.

Facilities and premises were appropriate for the services being delivered. Consulting rooms were all equipped with examination beds and individual medical consumable storage trollies. Nurses were always on shift and available to support the allied health professional team in clinical tasks such as taking blood pressure.

The service had systems to help care for patients in need of additional support or specialist intervention. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan. This meant patients did not receive persistent treatment when there was a lack of evidence it worked in their best interests. For example, nurses had been reintegrated into the neurogastroenterology service after feedback from consultants that this worked better for patients.

Managers monitored and took action to minimise missed appointments. They reviewed missed appointments in monthly staff meetings and reviewed each to ensure there were no safeguarding concerns or serious clinical implications.

Managers ensured that patients who did not attend appointments were contacted. This was rare as staff called each patient at least one day before their appointment to ensure they would still attend. Staff also checked if they had any support needs around access and transport.

Staff ensured services were flexible to account for last-minute changes caused by COVID-19 disruption, such as if a patient received a positive test result. Consultants called patients to check on them if they were late or did not turn up for an appointment and worked with them to facilitate alternative appointments.

Staff proactively established specialist clinics and services based on patient demand and feedback from colleagues delivering care. For example, consultants and nurses discussed unmet needs or opportunities for new services while delivering care and treatment. A clinical team had started a concussion service as part of the balance clinic. This was a niche service with nurses trained to carry out balance tests.



Outpatients

Consultants and allied health professionals were establishing a 'prehabilitation' pathway for patients undergoing laparotomies. The team recognised the trauma involved in this procedure and worked with patients to improve their core strength before surgery to promote a more effective recovery.

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 provider delivered multiple opportunities for staff to build their skills in delivering care and effectively communicating with people living with conditions such as these. This included case studies, role plays and specialist training.

Managers made sure staff, patients, family and carers could get help from interpreters or signers when needed. The service provided care to patients referred by embassies and consulates. The provider had an extensive, well-established range of language support services to ensure care was responsive. A dedicated Arabic speaker was always available on site when the service was open and signage relating to clinical safety was translated into Arabic, reflecting a key patient need.

Staff maintained resources and training to help them communicate effectively with patients living with specific needs. For example, Makaton signs were available and distraction therapy materials were in place to help staff better manage confusion and anxiety in patients living with dementia.

All areas of the department were accessible by wheelchair and step-free access was provided from street level and the car park. The physiotherapy gym was equipped to provide treatment to patients who used mobility equipment, including wheelchairs.

Waiting areas were bright, airy and well ventilated with comfortable seating. Staff facilitated private areas to wait on request. Waiting areas were equipped with fresh drinking water, tea, coffee and snacks.

Staff facilitated access for people with individual preferences and religious needs. A consulting room was always available for prayer and staff were trained to recognise the direction of holy sites around the building.

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.

Staff provided patients with appointments that offered enough time to fully talk through their concerns and answer their questions. The team leading the colorectal post-surgery care pathway offered an initial one-hour session to understand their clinical condition and wider needs.

Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience. For example, patients underwent blood test, imaging, a consultant review and pre-surgical consent in the same appointment.



Outpatients

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection no clinical specialties had waiting times longer than one month for an appointment. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this.

Managers worked to keep the number of cancelled appointments to a minimum. Where a clinician had to cancel an appointment unavoidably, the service was usually able to reschedule with another doctor in the same specialty. GPs were always available on site and provided rapid access to onward specialist referral to minimise wait times and mitigate the impact of any service disruption.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance with time between them for cleaning in line with COVID-19 guidance.

Staff supported patients when they were referred or transferred between services. Staff provided an on-demand blood testing service for GPs based in the building. This helped patients to undergo blood testing quickly and reduced their anxiety as well as pressures on the health system.

An international concierge team provided dedicated support to patients throughout their treatment. This enabled patients to undergo care and treatment whilst the concierge team managed communication with embassies, consultants and overseas clinics about treatment plans and outcomes.

Learning from complaints and concerns

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

The service had improved its complaints procedure by reducing the time to provide a response from 20 to five working days, improved escalation pathways, and added the role of quality matron to investigate complaints and improve patient's experience.

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. Information was also readily available from staff and on the service's website.

Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Managers investigated complaints and identified themes. The service had received nine complaints in the last 12 months. We looked at the resolution process used by the senior team and found this involved all relevant people and reflected a transparent process with the complainant throughout.

Are Outpatients well-led?



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



Outpatients

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.

A dedicated outpatient manager led outpatients and worked with staff delivering care across multiple specialties. The manager was working with the senior leadership team to implement developmental opportunities for non-clinical staff in recognition of their pivotal role to the service.

Staff said the senior team was visible and accessible and they felt supported by them. The leadership structure meant staff were well supported and the service had a structured approach to managing pressures.

The outpatient manager had implemented leadership coaching and mentoring for senior administration staff. This helped them to develop skills in recognising emotional intelligence traits, which would improve understanding of patients who presented with specific needs or issues. The strategy also planned to improve career opportunities for the non-clinical staff by improving opportunities for upskilling.

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 provider maintained an overall vision and strategy, which was displayed in the service. This focused on improving patient's lives through excellent care. Staff understood and subscribed to this and could demonstrate how they worked within it. The nursing team had established a care ethos specific to their team.

The senior team said they were focusing the overarching strategy on outpatients in the forthcoming year to ensure the 'one stop shop' pathway was achieving its full potential. Governance arrangements and contracts reflected this. For example, the service had a one-hour turnaround time for blood results through an arrangement with a laboratory that collected bloods on demand by e-courier.

Staff were keenly focused on ensuring the service was accessible and useful for patients. One senior member of the team told us, "It's important the service works for them [patients] as opposed to working for us." All staff we spoke with reflected this ethos and value.

Culture

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

Staff came from a diverse range of professional backgrounds and work settings. All staff, regardless of their role, speciality and seniority spoke unwaveringly positively about working in the service. Most staff had experience of both NHS and independent care, which provided them with a good understanding of different patient expectations.



Outpatients

Staff were empowered to make their own justified decision and use their initiative to deliver an excellent standard of care. For example, the service was provided across three different sites and staff could move between sites without senior approval or pre-planning to ensure they could meet patient's needs. They worked within a safety model that ensured the fire controller always knew who was in or out of the building in the event of an evacuation or emergency.

All staff fostered an inclusive culture that extended to everyone involved in delivering the service. For example, housekeepers worked for a different organisation and worked in the centre under a third party contract. Housekeepers said they felt part of the team and the provider's staff said they were treated as colleagues who were permanent parts of the service. This reflected the ethos of collegiate, supportive working.

The senior team implemented a range of support resources for staff during the pandemic. This included psychological support for those who suffered a bereavement and those who could not travel to see their relatives and friends. Staff were empowered to introduce measures to help each other, such as a physiotherapist who offered yoga to staff to reduce stress.

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.

All staff joined a daily hospital meeting before the clinic opened to patients. The team reviewed staffing, operational pressures and anything that might impact the service. This enabled the senior team to plan staff moves or additional resources. The team also reviewed incidents and complaints to ensure they were fully up to date with any information that might affect how they delivered care.

Senior leadership meetings took place monthly or quarterly depending on their purpose. For example, operational meetings took place to review the running of the service whilst clinical governance meetings took place to review care delivery across service lines. Such meetings included outpatient, inpatient, and surgical staff.

The central medical supplies team monitored shortages and supply problems and liaised with the Department of Health and Social Care to ensure any impact on patients was minimal. The team alerted clinicians to potential shortfalls in supply and implemented a contingency plan for such an eventuality.

Management of risk, issues and performance

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

The team had formalised daily resuscitation huddles. They used this process to establish specific emergency roles during the day, such as the name fire marshal, lead clinician for resuscitation and coordinating team leader.

Senior staff maintained oversight of a risk management strategy at corporate level and the outpatient's manager led this at service level. As care was delivered by service line, risks were managed by multidisciplinary teams.

Business continuity plans were in place and deployed during the COVID-19 pandemic. They involved redistribution of staff, restructure of clinical services, and the implementation of remote consultations with appropriate risk measures.



Outpatients

As international patients returned to the service following pandemic restrictions, medical secretaries implemented a new screening protocol to protect the service from COVID-19 outbreaks. This included tracking of patient's travel prior to attending the clinic and cross-checking their isolation, vaccination, and testing status against government guidance. The dedicated international concierge team worked with patients to help bridge gaps in understanding of local COVID-19 restrictions and the reasons for mandatory personal protective equipment (PPE) use.

A head of nursing had carried out an analysis of clinical services and access and identified the potential for a single point of failure in the fibroscan and capsule endoscopy service. One nurse led this service and therefore the service ceased when they were away from work. The senior team addressed this by offering training to other nurses to ensure the service was sustainable.

Information Management

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

The provider's IT team was based off site and provided on-demand support by phone or through a site visit. Staff said the team provided a responsive service and IT problems were rare.

Information governance was a standing agenda item in staff meetings and all staff undertook training.

Consultants held professional licenses to store their notes from patient appointments. They managed this data in line with information governance standards and worked within the organisation's strict data compliance measures. Nurses audited data management in relation to records and worked with senior staff to identify learning where exceptions occurred.

Information governance was the key risk for outpatients on the risk register. This reflected the use of printers in non-secure areas. Staff used mitigating strategies to reduce risk, such as ensuring printers were not left unattended when in use and regular checks by staff to ensure no erroneous printouts were left on the document shelf. The outpatient's manager monitored this and carried out spot checks.

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.

Staff said they felt involved in the service and appreciated regular communication across teams and with managers. Doctors who worked between this service and in other locations or organisations said communication was consistent and effective.

There was a clearly visible, palpable sense of loyalty and commitment amongst staff towards patient care and the ethos of the organisation. Staff were enthusiastic about developmental opportunities and keenly considered the outcomes of the latest research to apply to their own practice. Staff felt morale was good amongst the team and that there was an appetite for progress and driving the service forward.



Outpatients

The senior team increased provision of one-to-one meetings with staff who had absence related to COVID-19 on their return. This was to ensure all staff had appropriate support to return to work in terms of clinical competence and mental wellbeing.

The site was the first in the provider's network to introduce a site Freedom to Speak Up Champion, working closely with the corporate Freedom to Speak Up Guardian. The team worked closely with the diversity and inclusion committee to ensure seamless, meaningful engagement that led to manifest change. Staff said the senior leadership team listened, and they felt such committee and group work was important to maintain integrity. This work was underpinned by positive outcomes and a team had been nominated for an inclusive culture award as a result of their work.

Staff made considerable effort to understand more about their patients. The outpatient manager was working with the reception team to build skills in emotional intelligence. This would enable them to more intuitively understand different preferences of patients. For example, the training would help staff to quickly establish the level of interaction patients were comfortable with and whether they should increase their efforts or leave patients with their own company.

The organisation demonstrated their commitment to patient engagement as a strategy to improve and direct care and treatment, not simply whilst a person was in a clinical pathway. A multidisciplinary patient experience committee (PEC) met monthly to review formal and informal feedback and to identify areas that could improve the patient experience. The committee's work led to tangible improvements in the service, such as improved information access and better understanding of patient's key frustrations during the pandemic.

Four patient partners worked with the organisation to review standards of care and the visit experience as a whole. This supplemented the work of the PEC and ensured the patient voice was prominently heard and incorporated into their work. This team carried out an annual Patient Led Assessment of the Care Environment (PLACE) using the national framework as guidance. The most recent results were from September 2021 in which the outpatients team and department scored 90% for first and lasting impressions.

The provider carried out an annual staff survey and tracked responses to understand how the senior team could improve support. The most recent survey took place in May 2021 and demonstrated an increase in engagement by 10%, to 54% of staff in the past 12 months. Respondents indicated the fourth consecutive year of improved favourability towards the organisation, to 73%. The senior team maintained an extensive programme to drive continual improvement and understand how they could better support staff.

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.

The medical director was working to fill a national knowledge gap in how to deliver care and treatment within a patient-defined outcomes framework. This would enable the service to deliver care that met people's values and wishes from treatment rather than a reliance only on clinical ideals.

A clinical nurse specialist and associate nurse practitioner had planned, developed and implemented an innovative, specialist colorectal service. They identified a gap for patients in communication and experience between ward nurses when they were inpatients and consultants who led follow-up and post-surgical care. The team provided patients with



Outpatients

highly specialised biofeedback care that included functional bowel behaviour advice and pelvic radiotherapy following complex surgery and supported patients during pelvic radiotherapy sessions for cancer treatment. The team had designed the whole pathway to provide patients with less pain, faster recovery and a focus on the elements of their daily lives they wished to regain.

The organisation recognised and rewarded staff through internal systems and accepted nominations from national groups. A patient had recently nominated a healthcare assistant for The DAISY Award for Extraordinary Nurses, an international recognition programme. The senior team said this was a significant point of pride and reflected the team's first nomination in such a scheme.

The senior team demonstrably worked to foster an open culture of working that protected staff from physical and professional harm. For example, the ethics committee had acted quickly with the chief executive to introduce restrictions on a patient's access to clinical services after they were abusive towards staff. Learning found staff had been reluctant to speak up initially because the patient paid for their own care and therefore felt they were a customer that could act with impunity. Staff said the actions of the senior team made them feel protected and listened to. As a result of this experience, the senior team posted new signage around the clinic to ensure patients knew abuse and violence would not be tolerated.

The whole team demonstrated rapid adaptability during the COVID-19 pandemic. The clinic closed temporarily, and staff moved to the provider's main hospital to continue to provide care. The governance and leadership teams worked with clinical staff to establish new risk-managed pathways, including remote consultation, and the team returned with a new understanding and framework for safety. This formed part of a wholesale review of outpatient provision during the pandemic to implement a 'single patient pathway'. This incorporated new COVID-19 prevention measures and risk management for patients to visit with a relative where there was a clinical need.

Staff provided numerous examples of how they had supported patients living with extra needs to access care and treatment that improved their lives. For example, the clinical assistant worked one-to-one with a patient who needed surgery and extensive outpatient care and who experienced heightened anxiety due to dementia. The member of staff met them before their appointment, orientated them to the building and was part of each stage of their treatment, including accompanying them to surgery and visiting them in critical care during their recovery. This meant the patient was reassured and calmed by a familiar presence. Such examples demonstrate the exemplary standard of care that staff enthusiastically delivered.