Care UK (Shepton Mallet) Limited

Shepton Mallet NHS Treatment Centre

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Surgery	
Outpatients and diagnostic imaging	

Summary of findings

Letter from the Chief Inspector of Hospitals

Shepton Mallet NHS Treatment Centre is an independent hospital run by Care UK, providing NHS elective surgical and outpatient services to patients across Somerset and North Dorset. Surgical specialities include: general surgery; orthopaedics, endoscopy, gynaecology, urology, ear, nose and throat and ophthalmology. Children are not treated at this site. It opened in 2005 as part of the wave 1 procurement of NHS services from the independent sector.

The hospital has 34 inpatient beds and 18 day-case beds, although only a maximum of 26 inpatient beds were available for use at the time of our inspection, as the remainder of the beds had been converted into areas for use by the resident medical officer and patients attending the falls and stability outpatient service.

We carried out this comprehensive inspection as part of our wave 1 pilot of in-depth reviews of independent hospitals. Our inspection was carried out in two parts: the announced visit, which took place on 9 and 10 December 2014; and the unannounced visit, which took place on 14 December 2014.

As with other services inspected as part of the wave 1 pilot programme we did not rate this service. We did however, find the centre provided safe, effective, caring, responsive, and well led services to patients.

Our key findings were as follows:

Safety:

- There was a good safety culture within the hospital. Staff throughout were aware of how to report incidents. There were low levels of incidents and, for any that did happen, a thorough investigation was carried out with clear actions and learning undertaken.
- The hospital was clean and there was a clear focus on infection prevention and control. There had been no instances of MRSA, Clostridium difficile or other reportable hospital acquired infections within the hospital within the 12 months prior to our inspection. There were cleaning schedules in place and these were audited and monitored regularly.
- There had been one Never Event in the hospital in the 12 months prior to our inspection. Never events are serious, largely preventable patient safety incidents. These should not occur if the available, preventative measures have been implemented. This had been thoroughly investigated, with human factors in mind. Actions and learning had been identified and carried out as a result of the incident to reduce the risk of reoccurrence.
- There were clear processes for assessing and responding to patient risk. Clear admission criteria were in place (identified both by the provider and through commissioning contracts). This ensured the hospital only admitted patients who they had the facilities to provide care and treatment to as there were no intensive care or high dependency facilities. There were effective processes in place to monitor patients for deterioration in their condition.
- There were suitable numbers of nursing staff within the hospital. On the implementation of the safer staffing initiative by the Department of Health there had been no need to amend the staffing levels in the hospital. The hospital routinely had staffing levels which met or exceeded the safer staffing requirements.

Effective:

- Patients received effective care from the hospital. There was a holistic approach to assessing, planning and delivering care within the hospital. An individual approach to patients' needs was adopted throughout the patient pathway. Discharge was planned prior to admission. Care and treatment was provided in line with national guidelines, including those of the National Institute for Health and Care Excellence, and Royal Colleges.
- Patients receiving hip and knee operations had a lower (better) length of stay, following their operation, than the NHS national average for England.
- There were low rates of post-operative infection, venous thromboembolism (VTE) and no unexpected cases of mortality.

Summary of findings

- Patients received effective pain relief. They were assessed for their pain needs in their outpatient pre-operative assessment and throughout their hospital stay.
- Patients nutritional and hydration needs were met. The chef visited the ward and spoke to a number of patients each day. Dietary needs were accommodated with, for example, fresh gluten free bread being made on site.
- Staff were actively engaged in activities to monitor and improve the quality of care and patient outcomes. There was an audit cycle which reviewed clinical practice by clinician and by procedure. This allowed benchmarking both internally and externally.
- Staff were proactively supported to acquire new skills. A large number of staff were funded by the provider to engage in further training to develop in their roles either at degree or masters' degree level.
- There were systems in place to ensure patients received the treatment and care they needed seven days a week. Although operating theatres were only open on six days of the week, physiotherapy was provided on seven days. Where an operation had occurred on a Saturday which required the patient to receive a scan or X-ray on a Sunday (in line with the patient treatment pathway), a radiographer would attend the hospital to ensure this occurred.

Caring:

- Without exception we saw staff acting in a kind, compassionate and caring manner with patients.
- Staff all talked enthusiastically of the 'patients first' ethos and this was evident in all engagements we observed. We saw patients' dignity promoted within the hospital with staff working together to ensure patients were supported through procedures and treatments.
- Feedback from all patients we spoke with was positive. They spoke of staff going the extra mile with many saying that they felt staff always provided what they needed and nothing was too much bother. They were actively involved in decisions around their care.
- Patients' emotional and social needs were highly valued by staff. We saw examples of staff providing support to patients to ensure they felt safe and secure.

Responsive:

- Patients' individual needs and preferences were central to the planning and delivery of the service provided. Treatment plans and pathways were tailored to individual needs where necessary. This included, for example, providing additional support and appointments for patients requiring imaging scans (which might cause patients to feel claustrophobic) rather than cancelling the scan and delaying or preventing treatment.
- There were systems in place to ensure patients could access outpatient services at their convenience. Referral to treatment times for surgery were consistently below the Department of Health 18 week target. There had only been three breaches in referral to treatment times for outpatient appointments in the previous year. Patients were given the opportunity to choose an appropriate time and date for their outpatient appointment. Outpatient clinics offered a 'one-stop shop' approach, enabling patients to have all diagnostic tests and to leave with a date for surgery if required.
- Times for admission for surgery were allocated in line with the patient's position on the theatre list. Patients who were identified as being first on the operating list were contacted to ensure they were able to get to the hospital early in the morning. If this was not possible then they would be allocated another slot on the list in order to meet their needs.
- There were low numbers of complaints made about the hospital. There were clear processes in place for investigating and responding to complaints and information was accessible to patients about making a complaint.
- There were processes in place to ensure rapid engagement with patients' GPs and other specialist providers where an unexpected diagnosis of a cancer was found.
- The service was responsive to patients' cultural, religious, language and dietary needs. Translation facilities were available and the chef proactively engaged with patients to ensure that any special dietary needs were met.

Well Led:

Summary of findings

- The hospital was well led. Strong leadership, governance and culture were used to drive and improve the delivery of high quality patient-centred care.
- There was a clear vision and strategy within the hospital. This focused on three core areas of Quality (clinical excellence), People (developing people, leadership and culture) and Business (growing the business). Each department and team had been empowered to develop their own vision and strategy aligned to that of the hospital. This was to ensure that there was engagement with all staff.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. There were clear governance arrangements in the hospital. Data on performance was collated monthly and reviewed in an open governance meeting each month which all staff were encouraged to attend.
- There was a positive working relationship with the commissioners of the service at the hospital. There were quarterly reports produced and meetings held regarding performance by the hospital. Services had been developed with commissioners to meet the needs of the local community, for example, running satellite outpatient clinics in community hospitals, and there was a view to develop this further. During our visit the hospital director told us how they were engaged with clinical commissioners and NHS trusts about how the service could support winter pressures initiatives.
- The hospital did not have a policy regarding the duty of candour at the time of our inspection. However, evidence seen of the engagement with patients regarding complaints and where care had not gone as planned, demonstrated a candid approach.
- There were high levels of staff satisfaction within the hospital. Staff were proud to work there and spoke highly of the leadership. Staff felt they were able to raise concerns within the hospital.
- The culture of 'patient first' was clear throughout the hospital. Staff demonstrated the values of the hospital and the provider organisation. They were proud of their work and service they provided to patients.
- Innovation was ongoing within the hospital. A physiotherapy "App" had been developed to provide support to patients undergoing joint replacement surgery. There was also a falls prevention programme in place. This supported patients through their surgical pathway from prior to surgery right through to a year following their operation. This was to prevent patient falls in hospital but also following discharge from hospital. Both had won awards.

We saw several areas of outstanding practice including:

- Staff were able to prepare for any patient being admitted with a diagnosis of dementia. One to one nursing support was provided and equipment made available to promote independence. When required, relatives had been able to stay with the patient overnight.
- Length of stay for both hip and knee surgery was significantly below the NHS England average. Length of stay for hip replacement surgery was 2. 7 days (NHS England average 4 days) and for knee replacement surgery 2.8 days (NHS England average 5 days). This was made possible by the pre-operative preparation of the patient including delivery of equipment into the home; physio therapy assessment; pain relief including discussing and preparing of medicines for discharge; seven day working of physiotherapists and radiographers; and intensive physiotherapy with the provision of equipment to take home to continue rehabilitation.
- Multidisciplinary team working and approach to all aspects of the patient care pathway. Multidisciplinary agreement prior to cancelations on the day of surgery as Multidisciplinary ward rounds with all involved in determining when a patient was fit for discharge.
- The service was highly responsive to patient needs at all stages through the patient pathway including discharge.
- There was a clear patient focus by both clinical and non-clinical throughout the hospital. This included the chef who visited patients on the ward each day to ensure that their dietary choices were being met.
- There was a high level of patient satisfaction reported across all areas of the treatment centre.
- There were very low levels of operations being cancelled on the day of surgery for non-clinical reasons.
- Patients were at the centre of care. Staff were empowered to make decisions in the best interests of the patient.
- There was a highly visible management team.

Summary of findings

- The governance systems were exceptionally well organised, monitored and kept under regular review. Records were accessible and defined planning, actions taken and how learning was to be disseminated. Staff at all levels demonstrated an understanding of the governance structure and processes. These effective systems helped minimise risks to patients and promoted quality care.
- There was clear leadership at all levels within the hospital; from housekeeping and kitchens, through to the ward and departments. This was supported by the senior leadership in the hospital.
- The imaging department had an excellent track record for effective and safe care, with no reportable radiation incidents. The service employed an external consultant radiologist to regularly assess the quality of randomly selected imaging results. This promoted effective diagnoses and appropriate treatment plans for patients.
- The physiotherapy staff were proactive in their approach to providing person centred and effective care. The department worked flexibly to meet patient needs and at the time of our visit there was no wait to see a physiotherapist.
- The physiotherapists ran a 'falls and stability' outpatients program open to anyone who had been seen at the treatment centre.
- The outpatient department proactively looked for ways to improve their services and patient outcomes. This included the developed of a 'Pocket Physio App'. This free resource for patients provided both video and text instructions on pre-operative and post-operative physiotherapy exercises.
- Patients were advised to contact the treatment centre with any concerns regarding their treatment for up to one year post surgery.

However, there were also areas of practice where the provider should make improvements:

- The provider should ensure safer storage of anaphylaxis boxes in theatre and on the ward as these boxes did not have a tamper proof seal.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery		Surgical services provided at the Shepton Mallet Treatment Centre were safe, effective, caring, responsive and well led to a very high standard throughout. During our inspection we visited all areas providing surgical services, namely the day case unit, endoscopy, theatres and recovery, and the ward. We spoke with six patients, three relatives and 21 staff in a wide variety of roles. This included managers, health care assistants, registered nurses, consultants, and physiotherapists. In addition, we heard the views of 49 staff in three focus groups. We looked at the patient environment and observed patient care in all areas. We looked at patient records. Before and during our inspection we reviewed the provider's performance and quality information. Patients using the services were found to be protected from avoidable harm due to safe systems. Wards and departments were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection. Patients were risk assessed to ensure only those suitable received treatment at the hospital. Risks were reviewed and actions updated during the patients stay. Staffing levels were sufficient to meet the needs of patients and there was good access to medical support at all times. Patient outcomes were monitored and reviewed. The average length of stay was consistently below (better than) the NHS national average. This was supported by the provision of services seven days a week and excellent multidisciplinary working in the approach to all aspects of the patient pathway. There were good training and developmental opportunities for all staff, including attendance at regional and national best practice sharing forums. Care provided was kind and compassionate. Patients were seen to be respected, valued and fully involved in the decisions about their care. Patients were at the forefront of all decisions, and the needs of patients and quality of care were highly valued by staff. Services were planned to meet patient needs. Access to services and the flow of patients through the hospital was such that the day to day running occurred smoothly. There were few overruns in theatre or cancelations for non-clinical reasons. Services were

Summary of findings

flexible to accommodate patient choice and individual needs were well met. Where, infrequently, complaints and concerns occurred, staff responded in a timely manner and learning from them was shared.
There was a clear vision and strategy for the hospital Staff were seen to demonstrate the values of the hospital at all times. Governance, risk management and quality measurement systems were proactive, reviewing care and sharing learning. There was good staff and patient engagement with views actively sought. There was a highly visible leadership team who were felt by their staff to be approachable and supportive.

Outpatients and diagnostic imaging

Shepton Mallet Treatment Centre provided a high standard of outpatient and imaging services. Patients were positive about their experiences and services provided. Staff were focused on providing caring and effective treatment and support. Patient feedback was actively encouraged and was acted upon where possible. Waiting times, the environment, equipment and clinical outcomes were robustly and regularly monitored to deliver safe, high quality and continuously improving care. Staff felt valued and respected by experienced senior staff who were visible and approachable.

Shepton Mallet NHS Treatment Centre

Detailed findings

Services we looked at
Surgery;Outpatients and diagnostic imaging

Contents

Detailed findings

Background to Shepton Mallet NHS Treatment Centre

Shepton Mallet NHS Treatment Centre is an independent hospital providing elective surgical care and treatment to patients across Somerset and North Dorset. The hospital became part of the Care UK group in February 2013. The hospital has 34 inpatient beds and 18 day case beds, although only a maximum of 26 inpatient beds were available for use at the time of our inspection.

The hospital opened in 2005 as part of the wave 1 procurement of NHS services by the independent sector.

We carried out this comprehensive inspection as part of our wave 1 pilot of in-depth inspections of independent hospitals.

Our inspection team

Our inspection team was led by:

Inspection Manager: Catherine Campbell, Care Quality Commission

The team included three CQC inspectors and a variety of specialists including: a consultant surgeon, a specialist theatre nurse and a specialist outpatients nurse.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

The inspection team inspected the following two core services at the Shepton Mallet NHS Treatment Centre:

- Surgery
- Outpatient and diagnostic imaging services.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These included the clinical commissioning group (CCG), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We carried out this comprehensive inspection as part of our wave 1 pilot of in-depth inspections of independent hospitals. Our inspection was carried out in two parts: the announced visit, which took place on 9 and 10 December 2014; and the unannounced visit, which took place on 14 December 2014.

During our visit we spent time on the wards, outpatient, diagnostic imaging and physiotherapy departments observing the treatment and care provided. We also spent time in the operating theatres, recovery and endoscopy areas of the hospital. We spoke with a variety of staff, including nurses, doctors, therapists, managers and support staff. We also spoke with patients and relatives.

Facts and data about Shepton Mallet NHS Treatment Centre

Shepton Mallet NHS Treatment Centre has 34 inpatient beds and 18 day case beds, although only a maximum of 26 inpatient beds were available for use at the time of our inspection, as the remainder of the beds had been converted into areas for use by the resident medical officer and patients attending the falls and stability outpatient service.

Detailed findings

The hospital opened in 2005 as part of the wave 1 procurement of NHS services from the independent sector. It has a workforce of 181 staff including 21 directly employed consultants and a further eight who are contracted under practising privileges to provide treatment at the hospital.

Between January and November 2014 the hospital had 8,485 referrals of which 7,520 patients were admitted to the hospital for surgery. The outpatient department saw 5,578 patients.

The hospital did not have high bed occupancy numbers, had low mortality rates and no incidents of MRSA, Clostridium difficile or MSSA in the 12 months prior to our inspection.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients and diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

1. As with other services inspected as part of the wave 1 pilot programme we did not rate this service.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Shepton Mallet Treatment Centre (the hospital) provided elective surgery to NHS patients within the following specialities:

- General surgery
- Orthopaedics
- Endoscopy
- Gynaecology
- Urology
- Ear, Nose and Throat
- Ophthalmology

Admission to the hospital for surgery followed strict referral criteria for adults only who required routine, non-urgent surgery. The hospital consisted of one ward, designed to accommodate 34 patients. Due to change of use within some of the rooms, the hospital was able to accommodate 26 inpatients at the time of our inspection. In addition there were 4 operating theatres, two of which had laminar flow air filtration systems (designed mainly for orthopaedic surgery to control and contain air flow) and one room for specifically for endoscopy procedures. This had its own decontamination and clean storage rooms attached. There was an eight-bed recovery area and a ten-bed day case ward with a mix of trolleys and reclining chairs. In addition, the hospital had a sterile services department where surgical instruments were sterilised for reuse.

Summary of findings

Surgical services provided at the Shepton Mallet Treatment Centre were safe, effective, caring, responsive and well led to a very high standard throughout.

During our inspection we visited all areas providing surgical services, namely the day case unit, endoscopy, theatres and recovery, and the ward. We spoke with six patients, three relatives and 21 staff in a wide variety of roles. This included managers, health care assistants, registered nurses, consultants, and physiotherapists. In addition, we heard the views of 49 staff in three focus groups. We looked at the patient environment and observed patient care in all areas. We looked at patient records. Before and during our inspection we reviewed the provider's performance and quality information.

Patients using the services were protected from avoidable harm due to safe systems. Wards and departments were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection. Patients were risk assessed to ensure only those suitable received treatment at the centre and risks were reviewed and actions updated during the patients episode of care. Staffing levels were sufficient to meet the needs of patients and there was good access to medical support at all times.

Patient outcomes were monitored and reviewed and average length of stay was consistently below the national average, supported by the provision of services seven days a week and an excellent multidisciplinary working in the approach to all aspects of the patient pathway. There were good training and developmental opportunities for all staff, including attendance at regional and national best practice sharing forums.

Surgery

Care provided was kind and compassionate. Patients were seen to be respected, valued and fully involved in the decisions about their care. Patients were seen to be at the forefront of all actions and the needs of patients and quality of care was highly valued by staff. Patient feedback was actively sought.

Services were planned to meet patient needs and access and flow was such that the day to day running occurred smoothly with few over runs in theatre or cancelations for non-clinical reasons. Services were flexible to accommodate patient choice and individual needs were well met. Where complaints and concerns occurred, staff responded in a timely manner and learning from them was shared.

There was a clear vision and strategy for the hospital which was echoed in the vision and strategy for the service. Staff were seen to live the values of the treatment centre at all times. Governance, risk management and quality measurement systems were proactive, reviewing care and sharing learning. There was good staff and patient engagement with views actively sought. There was a highly visible leadership team who were felt to be approachable and supportive.

Are surgery services safe?

People using the services were protected from avoidable harm due to safe systems. There were clear open and transparent processes for reporting and learning from incidents.

Wards and departments were visibly clean and there were good infection prevention and control practices in place to reduce the risk of infection. Patients were risk assessed to ensure only those suitable received treatment at the centre and risks were reviewed and actions updated during the patients stay. Staff were aware of processes to following in the event of an emergency. Staffing levels were sufficient to meet the needs of patients and there was good access to medical support at all times. Medicines were, in the main, stored and handled correctly. Where we identified concerns, these were rectified at the time.

Incidents

- Staff reported incidents via an electronic incident reporting system. All staff we spoke with were aware of how to report incidents and there was a good culture of incident reporting. Those staff who had less technical skills were aware of whom to report incidents to in order that they could then be entered electronically. Upon reporting, any incidents were brought to the attention of the head of the department for investigation.
- Investigation was undertaken for all incidents and staff who reported the incident received direct feedback. In addition, all staff received feedback and learning was shared at ward meetings and via email/newsletter.
- Incidents were reviewed at mortality and morbidity meetings and also at monthly clinical governance meetings.
- Independent healthcare providers are not required to report incidents to the NHS National Reporting and Learning System. However, the treatment centre was required to report serious incidents and Never Events to the local Clinical Commissioning Group (CCG). The service had reported the necessary incidents to CQC in a timely manner. There had been one Never Event reported within surgery. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. We saw this had been thoroughly investigated and actions put in place to reduce the likelihood of a reoccurrence. Staff had received

additional training and the different types of equipment limited to ensure staff were familiar with them The patient had been informed of the findings and findings had been shared with the CCG as well as other hospitals within the organisation.
- Mortality and morbidity meetings occurred monthly. This was a forum to discuss any unexpected death and where there were none, clinically interesting cases were presented and discussed.

Safety thermometer

- Incidents of pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE) were recorded and reported at on at the clinical governance meeting. Since April 2014 there had been only one VTE, and no pressure ulcers or urine infections (in patients with a catheter). There had been a total of three patient falls, one in June and two in October. Days since the last patient fall was also prominently displayed and updated on a safety cross at the entrance to the ward.

Cleanliness, infection control and hygiene

- All areas were visibly clean. On entry to the hospital, all patients and relatives reported in at a reception desk. We observed staff asking people to use antibacterial hand disinfectant on entry to the hospital. It was also available at the entrances the main ward and side rooms, as well as at the foot of each bed.
- Staff were seen to be 'bare below the elbows' in accordance with the provider's infection control policy. We observed them washing their hands prior to and after carrying out patient care. We saw signs advising how to wash hands correctly.
- Aprons and gloves were readily available and we saw staff using them when carrying out the specific duties for which they were required.
- Staff were seen cleaning equipment after use and there were 'I am clean' stickers in on equipment to indicate an item had been cleaned was ready to be used again.
- Cleaning rotas were seen and cleaning audits had taken place.
- There was a designated infection prevention and control lead nurse who was employed in the role for two days per week. They supported link nurses within the ward who undertook audits linked to a rolling audit program, raised issues with staff and promoted good infection prevention and control practices within their work area. In addition, link nurses met monthly with the infection, prevention and control lead to share learning and discuss issues.
- At the pre-operative assessment stage, all patients having joint replacement surgery were screened for methicillin-resistant Staphylococcus aureus (MRSA), a type of bacterial infection that is resistant to a number of widely used antibiotics. Risk assessments were undertaken on all other patients attending for surgery and if they were identified as being at risk of carrying MRSA, they too were screened.
- One patient room on the ward was dedicated as an isolation room. It was rare for patients to be admitted from areas where the risk might be considered slightly increased. but where this occurred, they were nursed in this room as a precautionary measure. This room could also be used in the event of a patient developing symptoms of diarrhoea and vomiting whilst an inpatient.
- All patients were given an information leaflet detailing their procedure. This included details of how to contact the hospital if patients became unwell in the first instance. This allowed staff the opportunity to identify infections in patients after discharge. Infection control outcome measures were reported at the monthly clinical governance meeting where all available staff were encouraged to attend. This showed there had been no cases of Norovirus, MRSA, MSSA or Clostridium difficile in the year prior to our inspection and only one report of a superficial wound infection.
- There was an Infection Prevention and Control lead nurse for the hospital who undertook a daily walk round of all areas. Link nurses were recruited from all departments. These met monthly to receive updating and feedback. Link nurses were responsible for undertaking infection control audits such as hand washing audits within their areas. These were reported at the monthly clinical governance meeting along with other infection control measures such as the number superficial and deep wound infections. Hand hygiene audits showed between 92-100% compliance with policy in October 2014.
- Surgical equipment was sterilised on site. The sterile services department underwent an unannounced inspection from the British Standards Institute in October 2014, where the service was found to be fully compliant.

- Removal of used trays from theatres was via the main (only) corridor to the disposal room. However, this was not a public corridor and appeared well managed with hospital acquired infection rates low.
- There was a clear process for staff to follow in the event of a needle stick injury. Where sharp instruments were left on used trays from theatre, incident reports were raised and were discussed by the theatre manager with the staff concerned.

Environment and equipment

- Entry into the day case ward, endoscopy and also the main ward was via a locked door, accessible to staff with a swipe card. CCTV was in operation.
- In the event of needing specialist equipment such as pressure relieving mattresses, patient need was identified in the pre-assessment clinic and equipment was ordered in for use. In order to meet the criteria for surgery, patients BMI (body mass index) had to be below 40 for a general anaesthetic and 45 if the procedure would be undertaken using local anaesthesia. A patient weight limit of 160kg was applied. Due to this, all standard moving and handling equipment was able to meet patient needs and there was not a need for additional bariatric equipment.
- Resuscitation trolleys were kept on the ward and in theatres. We saw these had been checked daily. In addition, the ward had a portable ventilator, which was checked daily by nursing staff.
- One patient bed space had a cardiac monitor attached to the wall. This allowed ongoing monitoring of cardiac concerns where required. Staff we spoke with were all confident in the use of this equipment, under the direction of the resident medical officer and anaesthetist.
- Physiotherapy assessment areas were adjacent to the ward and included all necessary equipment to assess patients' suitability for surgery and discharge post operatively. This also contained a small set of stairs which all patients were required to demonstrate an ability to use prior to discharge. Staff described how this allowed a comprehensive assessment of patient safety prior to discharge.
- Waste management was seen to follow policy which was in line with regulatory requirements. Bags were clearly tagged and labelled and contents subject to audit, with findings fed back to local areas.
- The hospital had an additional anaesthetic machine which could be used in the event of a failure with one of the machines.
- Electrical equipment was calibrated and checked as required to ensure it was safe to use. Management of the medical electronic log and service records was the responsibility of ward and department managers. They contacted companies for the provision of loan equipment on a 'like for like' basis whilst servicing occurred.

Medicines

- Medicines were supplied from an on-site pharmacy. Medicines were ordered and delivered to the ward the day prior to a patient's admission. These included all routinely used medicines and pain relief for the specific procedure being performed. These were then used whilst the patient remained in hospital and, where prescribed, were given to the patient on discharge. This included medicines such as pain relief and antibiotics.
- Medicines were securely locked in drug trolleys and cupboards. Medicines that required storage below a specific temperature were stored in a locked fridge, specifically for that purpose. We saw the minimum and maximum temperatures were checked daily.
- However, we noted an unsealed box containing drugs for the use in the event of an anaphylactic reaction. Whilst in a locked room, the absence of a seal meant drugs could be removed or tampered with. The 'anaphylactic emergency box' in the theatre suite was also without a tamperproof seal. Both of these instances were identified to the nurse in charge and the lead anaesthetic practitioner at the time. This was rectified at the time of the inspection.
- Staff were aware of the policy for the safe storage, handling and administration of medicines. However, we witnessed one nurse administer a medicine to one patient without checking the patient's identity. Although the nurse had admitted the patient and felt familiar with them, there was a risk of a drug error occurring with this practice. Both the nurse and ward manager were informed of this at the time.
- Blood fridges were located in theatre and on the ward. Temperatures were checked and recorded daily, with evidence faxed to the laboratory supplying blood products on a weekly basis. Tracking and audit systems were in place to ensure the cold chain was monitored for all blood products.

Surgery

Records

- Records were 'paper light'. Whilst most records were maintained electronically, paper records were kept for recoding of care delivered at the bedside, for example, turn charts, fluid charts and observation charts. Once discharged, these were scanned into the patient's records allowing a full electronic record to be kept.
- Records were generated at the outpatient booking stage of the patient's care pathway through the hospital. This ensured records were always present for all patients on admission.
- Risk assessments were undertaken on all patients, whether attending for day case surgery, endoscopy or as inpatients. These were undertaken in the pre-operative stage, and reviewed again on admission. Risk assessments were also seen to be updated post-operatively and following any significant event, for example, a patient fall. Records we reviewed contained risk assessments for tissue viability, nutritional screening and venous thromboembolism (VTE) risk. The organisation collected data indicating the percentage of patients for whom VTE risk assessments had been undertaken. We saw these were consistently at 99-100%.
- We saw staff maintaining records on computers. Staff had individual log in codes and we saw staff log out on leaving the computer. This ensured patient confidentiality was maintained.

Safeguarding

- The hospital had a named safeguarding lead. Safeguarding training was a mandatory element of training for all staff at induction and then through annual updates. Year to date statistics showed 93% compliance with updates, which equated to 168 staff out of 181.
- We saw records indicating that 100% of staff had received a check through the disclosure and baring service.
- Staff we spoke with were aware of the safeguarding policy and processes to follow in the event of a safeguarding concern.

Mandatory training

- Mandatory training compliance for quarter 2 in 2014-15 was reported in the clinical governance papers at 83% overall. Staff reported access to training, which was delivered both electronically and face to face, as being good. Training in dementia had been completed by 83% of staff at the time of the inspection.

Assessing and responding to patient risk

- All GPs had access to the hospital's referral guide. This clearly identified patients for whom treatment at the hospital was not appropriate due to the risk of needing high dependency recovery facilities. This formed the initial line of risk assessment. Patients were then required to undertake a 'choose and book' process. At this point, further review of clinical criteria and suitability was conducted. Referrals rejected at triage were monitored and reported on monthly at the clinical governance meeting. This showed a low rejection rate of 1.4-1.9%. Risk assessments at outpatient appointments also ensured only those patients suitable for treatment at the hospital were admitted. At this stage all patients considered for joint replacements were seen by the physiotherapists to confirm their suitability.
- All patients attending for pre assessment were assessed under the American Society of Anaesthesiologists (ASA) physical status classification system. This is a system for assessing the fitness of cases before surgery. Any patient scoring three or more was first seen by an anaesthetist.
- Once admitted, observations were recorded on a modified early warning system. Any patient deterioration concerns were highlighted to the medical staff in day surgery or to the resident medical officer (RMO) where there were concerns with patients on the ward. The RMO was available at all times. Access to on call consultants out of hours was described as good, and staff felt supported in the event of clinical concerns.
- Patients undergoing Ear Nose and Throat (ENT) surgery as day cases and those having laparoscopic cholecystectomies (gall bladder surgery) were admitted to the ward into a three-bed bay. Staff told us this was as the bay was calmer and quieter and more comfortable for these patients. This reduced the risk of post-operative haemorrhage, particularly following tonsillectomy. It was located near to the nurses' station and had good visibility of patients.
- Staff were observed undertaking very detailed team briefings prior to theatre lists starting. Records were made and kept for 12 months. Staff were seen completing the World Health Organisation surgical safety checklist. This is an internationally recognised system of checks designed to prevent avoidable harm during surgical procedures. This was described by our specialist advisor with extensive theatre experience as

detailed, unrushed and inclusive of all team members. This system was audited and reported at the clinical governance meeting. Reports showed 100% compliance with the audit standard each month since April 2014.

- Where a suspected cancer was identified during surgery, direct referral to the appropriate specialist occurred, rather than referring the patient back to the GP for onward care. This ensured patients with a suspected cancer received fast referral for onward specialist services. The number of patients referred was monitored and reviewed at the clinical governance meeting. Cases were reviewed to ensure they had been appropriately triaged for surgery at the hospital.
- Where patients were identified as being at risk of falling, this was highlighted to all staff. We saw bed rails in use following the fall of one patient. The patient told us they had consented to their use and felt much happier with them in place. Their use had been risk assessed and deemed appropriate for the patient. Staff showed us two bays that had inward opening bathroom doors. These were used for day case patients and those where it was felt there was a minimal risk of patient falls.
- Patients identified as at risk of pressure damage to their skin had access to pressure relieving mattresses, which were hired in for use during their stay. Identification occurred pre-operatively and the tissue viability lead nurse was always notified of the planned admission. Hourly heel checks were undertaken post-operatively on all patients and patients were encouraged to mobilise as soon after surgery as possible, thereby reducing the risk of damage occurring. Air flow systems were fitted to every bed on the ward to reduce the risk of deep vein thrombosis.
- Equipment was available for staff to access easily in the event of deterioration in the patient's clinical condition, such as a haemorrhage following ENT surgery.
- In the event of a clinical concern medical help was available from the resident medical officer, anaesthetists, or surgeons.
- We saw staff respond to identified risks with two patients on one theatre list who had both taken fluids during the period of fasting. We observed the theatre list being changed to accommodate this, followed by a new team briefing.

Nursing staffing

- Staffing levels on the ward were calculated using a 'labour management' tool. This looked at the number and acuity of patients in order to determine the number of staff required. Theatre schedules were determined two months in advance. This enabled the ward manager to map the proposed case mix against staffing needs and to arrange staffing levels accordingly.
- The ward had a board near the nurses' station detailing staffing levels, both expected and actual. We saw the expected and actual levels were equal on the days of both the announced and unannounced inspection. There were ten patients on the ward during the inspection, with three registered nurses and two healthcare assistants both planned and present.
- Staff told us there were always at least two registered nurses on duty whenever there were inpatients on the ward. In addition there was at least one health care assistant. At times when there were no inpatients on the ward (for example, over the Christmas period) there would be one registered nurse present.
- Staffing in theatres was good, and met the guidelines from the Association for Perioperative Practice (AfPP). This stated operating theatres should be staffed with two scrub nurses and one nurse circulating during all procedures. There were sufficient staff to be able to provide chaperones where required and to escort and support patients having procedures under local anaesthesia. On call arrangements were in place for late running theatre lists. Whilst recognised this rarely needed to happen, on call staff could be called in, so staff did not have to stay beyond their shift time.
- Staff sickness was lower (better) than the national average when compared to acute NHS trusts at 2%.
- Vacancy levels varied across departments, from 0% upwards. The overall vacancy rate was reported as 14%.
- Additional staffing was sourced where additional needs were identified pre-operatively. For example, we saw how staffing had been increased to provide one to one care to a patient undergoing surgery with a diagnosis of dementia.

Surgical staffing

- The service employed one resident medical officer (RMO) via an agency for one week at a time. The RMO commenced work at midday on a Monday and worked or was resident on the ward and therefore on call, until the following Monday. There was an effective recruitment and induction programme for the RMOs which ensured that they had the competencies and skills to undertake the role. RMOs were also included in

the on-going mandatory training programme in the hospital. We spent time with the RMO who described a good process for induction and support. They often returned to the hospital on alternate weeks.
- The service employed consultants in the majority of areas. Contracts had been agreed with consultants from a neighbouring NHS trust to provide endoscopic services.
- Within hours there was good access to senior medical support. Out of hours, there was always an on call consultant and an on call anaesthetist available in the event of a concern or emergency. Staff we spoke with said they were approachable, supportive and would attend whenever called.

Major incident awareness and training

- Staff said there was daily testing of emergency bleeps and were aware of the policy for summoning assistance in an emergency. Emergency bleeps were activated when an emergency call was activated on the ward. Emergency resuscitation equipment was available, checked and maintained and emergency transfers were made via ambulance calls. Transfers from the hospital were monitored and reported on within the clinical governance meeting. There had been no post-operative transfers during the past year.
- Emergency evacuation procedures were tested, and staff we spoke with were aware of the processes to follow.

There were business continuity plans in place in the event of a failure within the sterile services department. Staff described using the provider's neighbouring locations to ensure the continued sterilisation of equipment in the event of a mechanical failure.

Are surgery services effective?

Surgical services were effective. Care was delivered that was evidence based and in line with nationally agreed policies and practice. Patient outcomes were monitored and reviewed and average length of stay was consistently below (better than) the NHS national average. There were good training and developmental opportunities for all staff, including attendance at regional and national best practice sharing forums. Services were provided seven days a week and there was excellent multidisciplinary working in the approach to all aspects of the patient pathway.

Evidence-based care and treatment

- Care was provided in line with guidance from the National Institute for Health and Care Excellence (NICE). For example, clinical guideline 65 – keeping patients warm before, during and after an operation. We saw staff monitoring the temperature of patients on arrival, in theatre, when leaving theatre and in recovery, with equipment available to maintain patient's' temperatures when required.
- Policies and guidelines were developed based on both NICE and Royal College guidance and were available to all staff.
- There was an audit cycle which reviewed clinical practice by clinician and by procedure. This allowed benchmarking both internally and externally.
- Monthly mortality and morbidity meetings were held, designed to discuss any unexpected death and clinically interesting cases, for example cases of difficult intubation. In addition, feedback from other sites within the company was discussed.

Pain relief

- Pre-operative assessment for all patients included details of post-operative pain relief. This ensured that patients were prepared for their surgery and were aware of the types of pain relief available for them.
- Comfort scores were recorded for all patients receiving care within the endoscopy unit. This was reported six monthly.
- Pain relief was provided that met patients' needs, ensuring they were suitably comfortable to commence early rehabilitation. Pain was assessed using a recognised 1-10 scoring system.
- Patients undergoing day case surgery were provided with analgesia following surgery and to take home as required.

Nutrition and hydration

- Patients' nutritional risks were assessed pre-operatively and also daily when admitted. Additional supplements could be provided if nutritional concerns were identified in the pre-operative assessment.
- The chef visited patients on the ward each day and ensured their individual nutritional needs were met. For example, gluten free products were made daily within the kitchen.

- Fluid balance audits were conducted monthly. These reviewed the completion and quality of fluid balance charts. Results for October 2014 showed 99% compliance with the local policy. To facilitate better fluid management, the ward manager had purchased calculators for all staff. It was also felt that the recent change from jugs of water to 500ml bottles of chilled water had improved the accuracy and quantity of fluid consumption.

Patient outcomes

- Cholesystectomy (gall bladder) surgery was undertaken as a day case procedure. These were all done laproscopically (key hole). There had been no conversions to open surgery in the year prior to our inspection.
- The number of referrals and admissions to the hospital were reported on monthly at the clinical governance meeting. This averaged approximately 2,000 referrals per quarter. There had been a large increase in referrals during quarter two, which were attributed to an increase in ophthalmology work undertaken to support a neighbouring acute NHS trust. The majority of patients received care as a day case. During quarter two there were 1,955 patients treated as day cases and 219 patients who stayed as inpatients.
- Length of stay for patients having both hip and knee operations was below (better than) the NHS England average. Length of stay for hip replacement surgery was 2.7 days (the NHS England average was 4 days) and for knee replacement surgery 2.8 days (the NHS England average was 5 days).
- Post-operative infection rates were below (better than) the national average for the hospital at 0.02%. Only one patient had a deep infection requiring treatment in 2014.
- Amongst all those treated at the hospital there were only two instances of venous thromboembolism (VTE) in 2014 and rates for screening patients for VTE were above 98% throughout the year.
- There had been a total of four patients returned to theatre during an admission in 2014. Returns to theatre were recorded and monitored through the clinical governance meeting. Reasons were always investigated and discussed, and learning identified at the monthly mortality and morbidity meetings.
- Readmissions were all reviewed and investigated to identify themes and learning.
- Cancelations on the day of surgery for clinical reasons were all reviewed. Cancelations for clinical reasons were very low at approximately 1.3%. A full multidisciplinary approach was undertaken prior to the confirmation of any cancelation. Reasons for the cancelation were reported at the clinical governance meeting, including a report to identify if they had been avoidable or not.
- Patients were encouraged to report any concerns directly to the hospital for up to one year post operatively. For example, if a patient were to develop a wound infection or deep vein thrombosis following discharge. These outcomes were monitored and included in the overall statistics.

Competent staff

- There were systems in place to ensure appraisals occurred for all staff and medical staff undertook their professional revalidation. Clinical supervision was known as 'talk don't tick' and was being rolled out to all staff, including bank staff. We spoke to one member of bank staff who found the process useful and felt there were developmental opportunities available to them. In-house training programs ran covering a wide range of subjects. We saw these had included learning from the recent 'Never Event'. We spoke with two staff members who were accessing additional training at degree and masters level at the time of our inspection. For example, a healthcare assistant from the endoscopy unit was undertaking a degree in decontamination. All staff we spoke with told us there were good educational and developmental opportunities available to all staff, regardless of role, which were usually funded by the provider. In addition, staff were supported to attend regional and national conferences and networking opportunities.
- Clinical outcomes were monitored and shared with each clinician. Where variances were identified, staff described systems for review of practice. Staff gave an example of outcomes that had been identified as outside of the provider's accepted range despite being within the accepted national range. Practice was suspended and the staff member was not provided with an onward contract. Findings were shared within the organisation and with the agency that had provided them.

Multidisciplinary working

- Staff undertook a multidisciplinary ward round each day for each inpatient. This consisted of the surgeon, resident medical officer, physiotherapist, pharmacist and ward nurse. Management plans were made and given to the patients. This ensured a full multidisciplinary, patient-centred approach to care and discharge. All patients were required to be deemed fit for discharge by the surgeon, RMO, physiotherapist and nurse. Discharge only occurred once all four had signed to confirm the patient was fit to go home.
- Multidisciplinary ward and department meetings were held where good practice, news and updates were shared.
- Pathways existed for rapid referral of any suspected cancer finding for onward specialist care.
- Service level agreements existed with the ambulance service to ensure rapid transfer of patients to an acute hospital in the event of a clinical emergency.
- Where concerns were identified during a patient's pre-operative assessment, advice regarding their suitability for surgery at the treatment centre was sought from the wider multidisciplinary team including the theatre manager.

Seven-day services

- Surgery occurred on six days of the week, Monday to Saturday.
- Apart from surgery, all other services were available seven days a week. Whilst not routinely in the hospital on Sundays, we saw that where joint replacement surgery had occurred on Saturdays, radiographers were present on Sundays to undertake 'check X–rays' to ensure correct placement of the prosthesis in line with the clinical pathway. They were also available as on call for any emergencies. We saw one patient being readmitted with calf pain during the unannounced inspection (on a Sunday). The on call radiographer had been informed and was attending to perform a scan.
- Medical staff undertook ward rounds and saw all patients every day. Physiotherapists were seen on the ward during the unannounced visit conducting routine physiotherapy for all inpatients.
- Staffing levels remained appropriate across the full seven days to ensure they met the needs of the patient.

Access to information

- Patients were provided with information leaflets which could be accessed in a variety of different languages. Patients were given detailed information with regard to the surgical procedure and post-operative recovery.
- The physiotherapy department had developed a mobile 'Pocket Physio App'. Patients with the right technology and experience were encouraged to download this which provided details of exercises to perform following surgery. In addition, it also set reminders to patients that their physiotherapy exercises should be undertaken. This had won a national newspaper award for innovation. Staff we spoke with said it had been well received by patients and their relatives, who had also become engaged in the rehabilitation of their relative. For example, grandchildren accessing the App and reminding grandparents to undertake their exercises.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had undergone training in the Mental Capacity Act 2005.
- Consent for surgery was only obtained by consultants. Initial discussions regarding consent were commenced by a consultant at the outpatient clinic stage (on which we have reported in the outpatient section of the report). Once admitted, consent was reaffirmed with the patient by the operating consultant. Consent forms were seen to detail the risks and benefits to the procedures. Procedure-specific consent forms were about to be rolled out.

Are surgery services caring?

Care was provided that was kind and compassionate. Patients were seen to be respected, and fully involved in the decisions about their care. Patients were seen to be at the centre of all care forefront of all actions, and the needs of patients and quality of care highly valued by staff. Patient feedback was actively sought.

Compassionate care

- Staff provided care with kindness and compassion. Within the recovery area, staff were observed providing reassurance to patients, constantly repeating that they were safe.

- Staff were observed providing care that was unrushed, and delivered with warmth and humanity to the patient. Conversations were had with both patients and relatives whilst the care was delivered.
- The hospital participated in the Friends and Family Test. In addition it sought views from patients and relatives on strategically placed electronic tablets around the hospital. There were signs in the lifts leading to the ward asking people to 'tell us what you think'. Results were fed into the clinical governance meeting and showed, of those patients who had responded (13% of all who attended the treatment centre), a patient satisfaction rate of 96%.
- All patients undergoing day case procedures were contacted the following day in order to gain direct feedback. Inpatients were contacted the day after discharge. In addition, the clinical governance team contacted all patients involved in procedure-specific, patient reported outcome audits, at three and six months post operatively to follow up.

Understanding and involvement of patients and those close to them

- Patients told us they felt well informed about the procedures and care that would be provided for them. We observed staff explaining discharge information and providing patients with support to ensure they had a good understanding of the procedure and onward care needs. Patients were encouraged to ask questions. Relatives or friends were able to remain with patients and were allowed back into the day case area following the procedure.
- Relatives were able to visit inpatients as they wished and were encouraged to be involved in the patient's physiotherapy regime and to ask questions.
- One relative described the care delivered as "marvellous. You really couldn't ask for more." One patient described their care as "in a word, brilliant" and another "it's so quiet and restful."

Emotional support

- We observed staff providing reassurance and emotional support in all areas. Follow up calls were undertaken by the members of the nursing staff and patients were encouraged to contact the hospital on discharge with any concerns.
- One patient we spoke with described how staff supported not only a patient who fell, but also spent time with them ensuring they felt safe and secure. Another said "staff are lovely…one of the nurses sat with me for a long time this morning when I was upset."

Are surgery services responsive?

Surgical services were responsive to the needs of people. Services were planned to meet their needs and access and flow was such that the day to day running occurred smoothly with few over runs in theatre or cancelations for non-clinical reasons. Services were flexible to accommodate patient choice. Individual needs were well met. Where complaints and concerns occurred, staff responded in a timely manner and learning from them was shared with staff to prevent reoccurrence.

Service planning and delivery to meet the needs of local people

- Pre-operative assessments were carried out on all patients. At these appointments, physiotherapy reviews were undertaken and arrangements made for delivery of equipment such as raised seats and frames. Patients we spoke with confirmed equipment had been delivered before their admission and they felt their pre-operative information and assessment had prepared them well for the surgical procedure.
- Admissions to theatre were staggered to ensure patients were able to remain in the comfort of their own homes rather than endure long anxious waits for theatre.
- Surgical lists ran over six days with theatres not operating only on Sundays. Patients were given a choice over the date of surgery to best suit their needs.

Access and flow

- Theatre scheduling meetings occurred weekly and involved staff from all areas, including the ward. This ensured additional staffing could be accessed if required. The weekly meeting covered theatre planning in detail for the next three weeks. Theatre schedules were prepared two months in advance. Consultants were required to book annual leave eight weeks in advance to allow for planning and to avoid cancelations.
- Theatre sessions were described as starting and finishing in a timely manner, operating from 8am to

4pm, with the recovery area generally clear of all patients by 6pm. Over running of theatres was not routinely recorded, however, data management systems allowed any emerging trends to be identified by the theatre manager and action taken

- Admission to theatre was at staggered times to prevent all patients arriving at once. As a result there were no long delays for those at the end of the theatre list. We spoke to patients who were required to attend the treatment centre at 6am for preparation before theatre commenced at 8am. Patients described being asked if this was suitable to their personal circumstances.
- Deviations from agreed routines were approved where they were seen to benefit the patient. For example, during the inspection there was a need to change the running order of the theatre list due to two patients having taken fluids during their fasting regime. This had the effect of halting the running of the list for a period of time. As a result, the final patient on the theatre list was contacted prior to their admission to ensure they would be happy for a later theatre time. Staff were aware the patient had commitments at home and as such would not necessarily be happy to stay overnight if required.
- Bed occupancy rates were below 85%, with an increasing number of cases being managed as day case. Research has indicated that bed occupancy rates of over 85% increase the risk of harm to patients. This was also helped by the consistently low length of stay for patients. Patients were prepared for their date of discharge prior to admission.
- Cancelations on the day of surgery for clinical reasons was 1%, and for non-clinical reasons 1.3%. The hospital had its own mini bus which was used to provide 'hospital transport' for admission and discharge where necessary. In addition, taxi services were used. For example, one patient who was unable to drive following knee surgery was collected at home in the evening. This allowed staff to review them following a clinical concern which had not been addressed elsewhere.
- Staff described having good access to stores and supplies. Where additional or different surgical equipment was required, consultants made requests to the theatre manager to arrange for the hiring in of the equipment. There was enough time factored in to allow checking and sterilization. Equipment was then decontaminated and returned to the companies concerned when no longer required.

Meeting people's individual needs

- The hospital employed a wide variety of staff of different nationalities. Staff described this very positively feeling it benefitted the services they provided due to the wide ability to provide face to face translation services.
- Patients were described by all staff we spoke with as being at the centre of the care received. Staff described feeling enabled to make changes to suit the patients' best interests and choices.
- Where patients were identified as having additional needs at pre-assessment, for example patients with learning disabilities or those diagnosed with dementia, additional ward staff were provided if one to one support was felt necessary. In addition the ward had a variety of different equipment that could be used. One of the two bedded rooms near to the nurses' station was equipped with an easy read clock that showed the date as well as the time. Each patient had a telephone at their bedside on which they could make outgoing calls and relatives and friends could call in directly to the patient's room. The ward had one easy to use telephone with large buttons. Relatives were asked to supply passport sized photos which could be inserted onto large buttons that could be programmed to the relative's telephone number. Easy to use cutlery and crockery was available, as were scrapbooks and items to prompt discussion. There was easy-use television controls to operate the bedside televisions. There was a lead nurse for dementia who was on duty during the stay of a patient with dementia. As part of their role as dementia lead they had visited other hospitals to gain support, advice and ideas.
- When required, relatives were able to stay overnight. Staff described how they had arranged this in the past to meet the patient's needs and reduce the patient's anxiety.
- A wide and varied menu was available to patients. Cooked meals were available at both lunchtime and the evening. In addition, cooked chilled meals were available for staff to heat for patients out of hours. The ward kitchen was equipped with a temperature probe to ensure these were heated sufficiently. Specialist meals were always available to cater for different needs, for example vegetarian and gluten free diets. Meals were cooked 'in house', and the chef visited the ward daily to obtain feedback from patients and to ascertain any

specific requests. All patients we talked with spoke very highly of the meals provided. Chilled drinks were provided and hot drinks and biscuits provided for relatives.
- The ward consisted of two and three bedded rooms, each with their own en-suite wet room. All rooms were single sex.
- If patients who were booked as day cases were required to remain overnight, dressing gowns and toiletries were available for their use.
- Rehabilitation equipment was provided by the physiotherapists for all patients who underwent joint replacement surgery. These included small exercise balls, leg lifts, shoe horns, 'grabbers' to allow patients to pick items up from the floor, reducing the likelihood of a fall, and sponges on long handled sticks to aid personal hygiene. Patients were able to take these items home.
- Medicines for use during the patient's stay and to take home after surgery were prepared the day before admission; ensuring staff and patients had access to the correct medication from admission.
- Translation services were available. In addition, the hospital employed staff from a wide variety of different nationalities. This meant there was often a clinician available to act as a translator rather than requiring the use of telephone translation services. Information leaflets could be provided in different languages.
- Patients described being able to have music played to them on earphones during surgery under local and regional anaesthesia.
- Theatre four had a glass window which opened up onto the main theatre corridor. Staff were aware this had a potentially negative effect on patients' privacy and dignity and as such there were plans to add window blinds.
- All patients we spoke with had praise for how their needs were being met, with one patient telling us the hospital was "the best hospital I've been in worldwide" another said "I would recommend to anyone. I didn't want to go anywhere else."

Learning from complaints and concerns

- Patients and relatives were encouraged to raise complaints and concerns as they arose. Where possible, these were resolved at the time. However, where this was not the case, complaints were responded to under the local policy. Where, albeit infrequently, complaints had been raised, these were shared with the team and discussed at clinical governance meetings where actions were monitored.

Are surgery services well-led?

Surgical services at Shepton Mallet Treatment Centre were well led. There was a clear vision and strategy for the hospital which was echoed in the vision and strategy for the service. Governance, risk management and quality measurement systems were proactive, reviewing care and sharing learning. Suspension of all clinical activity during the clinical governance afternoon ensured staff of all grade were able to attend and participate. There was good staff and patient engagement with views sought. There was a highly visible leadership team who were felt to be approachable and supportive. Staff were seen to demonstrate the values of the treatment centre at all times.

Vision and strategy for this service

- There was a clear vision for the hospital to be the number one elective surgery partner to the NHS in Somerset. In addition, each area of the hospital had developed their own vision, which were displayed on notice boards in staff areas. These focused on three core areas of Quality (clinical excellence), People (developing people, leadership and culture) and Business (growing the business). Staff were aware of the vision and it was clear from everyone we met that the vision was at the forefront of their activity.

Governance, risk management and quality measurement

- There was a highly effective process for monitoring quality, safety and governance within the hospital. The governance systems were exceptionally well organised, monitored and kept under regular review. Records clearly indicated planning, actions taken and how learning was to be disseminated. Staff at all levels demonstrated an understanding of the governance structure and processes. These systems helped minimise risks to patients and promoted quality care.
- Audit programmes were detailed and audits were undertaken in all areas. Results were fed into the wider organisation and shared learning fed into the governance process of the hospital. Risks identified

were acted upon to mitigate, for example, as a result of the Never Event only one cannula type was in use within the hospital. Patient outcomes could be reviewed at speciality and also down to individual consultant level.
- There was a designated lead for health and safety, with link workers in departments. Risks were identified locally and risk assessments undertaken by the health and safety lead, the link staff, or the senior staff from the department. Areas held a risk 'log' which housed all risks for their areas. There was an overarching risk register for the hospital which was reviewed monthly by the senior management team. Risks identified at ward/ department level would be raised with the senior management team and reviewed for inclusion in the overarching risk register. All ongoing risk assessments were reviewed annually.
- Clinical governance meetings were held each month. Lasting all afternoon, all clinical activity was suspended to allow maximum attendance from staff. The meetings were generally attended by all clinicians and a large number of other staff. Where staff were unable to attend, highlights were captured and discussed at ward and department meetings, sent via email and/or put into communication books.

Leadership of service

- Senior executives and managers were highly visible across the hospital. Staff described knowing them on first name terms and said they were approachable at all times. An on call manager system was in operation, ensuring a manager was available at all times. In addition to this senior staff were available at all times for advice and support. While most staff acknowledged this, one staff member described being unsure how to access senior nursing advice out of hours when the on call manager was not a nurse. We discussed this with the senior nursing team who made sure staff were clear about this for the future.
- Senior managers undertook 'walk arounds' and encouraged staff feedback and active participation in discussion.

Culture within the service

- The way in which staff spoke with and about patients showed they demonstrated the values of the hospital. Patient care was person centred, flexible, and compassionate. Business needs were understood.
- One staff member said "we all take ownership of the quality". Another described working across several sites owned by the same company and told us "this place is special" with the overriding theme being the patient and their clinical pathway.
- Staff told us "everyone listens to everyone's opinion" and decisions were seen to involve all appropriate staff.
- Staff described having an ethos of 'trying to do the right thing' and were described by managers as very willing to undertake new things.

Public and staff engagement

- Staff were encouraged to raise concerns and be involved in change and service redesign. Their views were sought and they were encouraged to participate in staff surveys. User views were actively sought from patients and relatives at all stages of the patient pathway.
- Falls prevention initiatives had been conducted and the falls and stability programme had been promoted on local radio.
- Patients were involved in a patient forum. Patients were actively recruited to participate in quality 'walk arounds'.

Innovation, improvement and sustainability

- The Pocket Physio "App" featured both video and text instructions on pre-operative and post-operative physiotherapy exercises. Having won a national newspaper innovation award, it enabled patients to establish a strong exercise regime before surgery that continued afterwards. This promoted a faster recovery, clear expectations and a reduced length of stay.
- All post-operative patients were eligible to join the 'falls and stability program', designed to provide exercise and information to reduce the likelihood of falls within the community.
- Patients were encouraged to report any concerns relating to their surgery for up to one year following discharge. This meant longer term outcomes could be assessed.
- Following the successful provision of additional ophthalmology services to support a neighbouring NHS trust, additional discussions were underway to identify how this activity could continue.

Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Outpatient services at Shepton Mallet Treatment Centre (the hospital) included consultant-run clinics six days a week and imaging and physiotherapy services seven days a week. Outpatient clinics included general surgery, ear, nose and throat (ENT), orthopaedics, gynaecology, urology, pain management and ophthalmology. The majority of services were provided at the hospital, with weekly satellite clinics in the neighbouring town of Frome.

Services followed strict referral criteria for adults only who required routine, non-urgent treatments. The outpatients' department provided a 'one stop shop'. Patients met with a consultant, had any required investigative tests completed and were offered a date for surgery before leaving. The number of outpatients seen from January 2014 to November 2014 was 5,578.

The imaging services included ultrasound, MRI and X-ray. Imaging services saw patients directly from outpatients' consultations. Other patients were referred directly from GPs and the local musculo-skeletal service. From May 2014 to November 2014 the hospital saw 5,653 patients.

During our inspection we visited the outpatient services including outpatient clinics, imaging and physiotherapy services. The clinics running on the days we inspected included orthopaedic, general surgery, ENT, audiology and gynaecology. We spoke with 10 patients and 23 staff in a range of roles. These included managers, health care assistants, clinical managers, consultants, booking staff, triage staff, radiologists and physiotherapists. We looked at the patient environment and observed waiting areas and clinics in operation. We observed care being given to patients. Before and during our inspection we reviewed the provider's performance information.

Summary of findings

The hospital provided a high standard of outpatient and imaging services. Patients were positive about their experiences and services provided. Staff were focused on providing caring and effective treatment and support. Patient feedback was actively encouraged and was acted upon where possible. Waiting times, the environment, equipment and clinical outcomes were robustly and regularly monitored in order ensure safe, high quality and continuously improving care. Staff felt valued and respected by experienced senior staff who were visible and approachable.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

The outpatients and imaging services provided safe care for patients. A range of audits and actions were in place to keep patients and staff safe. The environment was clean and effective infection control measures were in place. Equipment was regularly checked and serviced and processes were in place to protect patients and staff. Staff followed robust processes which gave patients enough time and information to give informed consent. This was rechecked at all stages of the patient's care pathway. Most staff were up to date with a range of health and safety training, including basic life support, and demonstrated a sound understanding of how to safeguard vulnerable patients.

Incidents

- Staff we spoke with demonstrated an understanding of the processes for reporting incidents.
- We looked at previous incident records which included detailed descriptions and action plans.
- Records showed incidents, including outcomes, were discussed at monthly team meetings and governance meetings.

Cleanliness, infection control and hygiene

- All outpatient areas (including waiting areas, clinic rooms and the physiotherapy department) were clean and well organised. Cupboards and shelves had easy to clean surfaces.
- The patients we met told us they thought the hospital was clean and were not concerned about contracting infections.
- The outpatients' department regularly reviewed cleaning schedules and completed legionella checks on water outlets. We looked at records for the last four months and saw all checks had been recorded.
- A nurse had been appointed as the infection control lead for the hospital. This role included responsibility for a monthly audit of policy, practice, equipment and the environment. We reviewed infection control records for the past three months. These documented appropriate checks and actions had taken place to minimise the risks of patients and staff acquiring infections and minimised the risks of spreading infections.
- All the staff we spoke with confirmed they were up to date with infection control training.
- All staff had been offered a free flu vaccination to help prevent the spread of this infection.
- Every patient seen at outpatients who was assessed as suitable for treatment was tested for MRSA bacterial infection and treated if required.
- There had been no incidence of methicillin resistant Staphylococcus aureus (MRSA), methicillin-sensitive Staphylococcus aureus (MSSA) or Clostridium difficile infections in the 12 months prior to our inspection.
- Regular hand hygiene audits were completed. If an audit identified less than 85% compliance with hand hygiene, action plans were put in place and kept under review at monthly governance meetings.
- We observed hand gels were available for visitors and staff throughout the department. There were adequate stocks of personal protective equipment such as gloves and aprons.

Environment and equipment

- On arrival at the hospital, patients were booked in at the main reception and requested to wait in a general waiting area, which incorporated a coffee shop.
- The clinical rooms and waiting areas were well maintained, had ample seating and provided a comfortable area for patients.
- The imaging area could only be accessed by authorised staff. Patients were personally escorted into and out of the department. The waiting area for the patient to be seen next was opposite the imaging reception. Staff said these practices ensured patients were always in the safest place and not at risk of unintentional exposure to radiation.
- We saw first aid equipment was available in both the imaging and outpatient areas. A resuscitation trolley was available and appropriately stocked. We saw, as required, records of daily checks to ensure the equipment was working effectively and weekly checks of medicines and other essential items.
- The imaging services had contracts with external companies to monitor and maintain the safety of equipment. The contracts included an emergency call out repair service. Records documented the equipment was up to date for servicing.

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- Sufficient radiation protective aprons were available. These were checked for wear and tear every month and reviewed annually by an external specialist company for compliance with national radiation safety regulations.
- All the radiographers and other staff using X-rays during surgery or clinical procedures were required to wear radiation exposure badges. Additional badges were also placed behind lead barriers. This was done to monitor radiation exposure in a designated clinical area. Radiation exposure was checked and monitored by an external company every three months.
- The imaging department was audited annually by the Radiological Protection Centre. The last evaluation was October 2014. We reviewed the report which made three minor recommendations which had been implemented. In addition, the comments made by the radiation protection advisor included: "This was another outstanding audit. The overall management of radiation protection in the department was again found to be at a very high level, with the department judged to be substantially compliant with requirements of the legislation, guidance and standards."
- Records showed there had been no reportable radiation incidents.

Medicines

- Medicines and contrast media (a dye or agent used to enhance the structures or fluids in the body) used for diagnostics purposes were kept securely in locked cabinets. In the outpatients' department registered nurses on duty were responsible for the keys to the medicine cabinet. We noted there was no audit or stock control of these medicines to demonstrate appropriate use.
- Staff told us that systems in place to order and dispose of medicines via the onsite pharmacy worked well.
- Patients told us they received information about their medicines in a way they understood.

Records

- Patients' records were always available for outpatients' appointments.
- Paper files were created for each patient attending outpatients. These files were 'paper light' containing a copy of the referral letter, consent forms and treatment plans. These were also scanned onto the internal electronic records system, along with diagnostic test results and clinical records.
- Clinical updates were put onto the electronic system at the time of the patient's appointment.
- Where relevant, some clinical blood tests were sent to an external company for analysis. Results were available within between 24-48 hours. The hospital had a team, led by a nurse who processed all test results, actions and outcomes and transferred information promptly onto patients' records. Staff said this ensured the most current information was available to plan the most appropriate treatments.

Safeguarding

- The hospital had an identified safeguarding lead who demonstrated a commitment to safeguarding vulnerable patients. The lead had joined the South West Health Safeguarding Network to share good practice and learning. In addition, they had established links with the local clinical commissioning group (CCG) safeguarding team. This ensured the hospital's policy and practice were effective and regularly reviewed for service improvements.
- All the staff we spoke with said they had received training at level 2 in safeguarding vulnerable adults and at level 1in safeguarding children.
- Staff demonstrated knowledge and understanding of safeguarding. They knew how to recognise the signs of abuse and what processes to follow if they had concerns.

Mandatory training

- All staff were required to complete a range of mandatory training, including refresher training. This included health and safety, manual handling, fire safety, basic life support, infection control and protection of vulnerable adults and children.
- All staff we spoke with told us they were up to date with mandatory training and records demonstrated this for the majority of staff. Overall mandatory training compliance was at 83%

Assessing and responding to patient risk

- The outpatients' main waiting area was based in a central location in the hospital. While this area was not directly visible to reception staff, most services and departments were accessed from this area. We saw staff were regularly in the main waiting area so patients and visitors were frequently observed.

Outpatients and diagnostic imaging

- If a patient required urgent medical attention, reception staff could activate an emergency alert which notified staff throughout the hospital to assist. Each consulting room also had an emergency call button.
- The outpatients department had access to an on-site 'float' consultant. If staff had any concerns about a patient this doctor was called to assess them.
- All staff received training for basic life support and fire safety.
- The hospital followed a strict referral process, only accepting patients for routine, non-emergency procedures. The criteria were developed and agreed with the local CCG.
- GP practices were provided with a referral guide. This explained what existing health conditions would constitute a contraindication for treatment at the hospital.
- Each referral received from a GP was triaged by a nurse before the person came for their first outpatient appointment. This was to check the person met the acceptance criteria. In addition the referral was checked for other relevant information. For example, medical history and current medications. The triage nurse contacted GPs directly for any supplementary information required. These processes ensured all necessary information was available for consultants to safely diagnose and treat patients.
- The outpatients' department had adapted the World Health Organisation surgical safety checklist as a tool for outpatient procedures. This included a number of safety checks designed to ensure staff avoided errors before the administration of any anaesthetic or invasive intervention.

Staffing

- Nursing, imaging and physiotherapy staff told us there were enough staff to safely deliver outpatient services. This was supported by the low number of recorded incidents and consistent high level of reported patient satisfaction.
- Consultant availability and patient need dictated the number and type of outpatient clinics. These were arranged on a six-weekly rolling programme. There were enough medical staff to meet the NHS national referral to treatment waiting standards of 18 weeks.

Are outpatients and diagnostic imaging services effective?

Patients received effective care and treatment and were provided with a range of information and time to consider their treatments. Staff followed effective consent procedures and policies which were well documented. Patients received care from competent and motivated staff who told us they were well supported and trained. There was good communication between services and professionals and effective multidisciplinary working which promoted good patient care. Information about national guidelines, trust policies and procedures were effectively cascaded through the department and adhered to by staff.

Evidence-based care and treatment

- Prior to their appointment, patients were sent a health assessment questionnaire which was reviewed with them by the consultant during appointments. This information was used to assist with planning the most appropriate and effective treatments.
- Once a diagnosis and treatment plan was established patients were sent to have the necessary tests and investigations required prior to procedures. Staff followed a clinical procedure checklist which identified the tests required for each procedure.
- When patients had seen the consultant and completed their tests a nurse reviewed the treatment plan again with the patient before 'signing off 'the patient as fit for the clinical procedure.
- The imaging service employed an external consultant radiologist to quality assess completed radiological reports. This person reviewed a random sample of approximately 10% of the hospital's reports. Each was given a score out of five, ranging from 'complete agreement' to 'very critical'. Results from the last review ranged from 'complete agreement' to 'minor issues'. These referred to minor errors with the report structure such as a typographical error which had no clinical significance to patients.
- Information about national guidelines, policies and procedures were cascaded through the department during monthly meetings and adhered to by staff.
- Staff were knowledgeable about the systems and process to follow which they followed in order to provide effective care and treatment of patients

Outpatients and diagnostic imaging

- The effectiveness of the outpatient service was formally evaluated within monthly governance meetings. Reports documented for the past six months showed audits, analysis and action plans where required.

Pain relief

- Patients said they were given appropriate pain relief. Staff explained what medications were for and how to take for effective relief and treatment of pain symptoms.
- Medicines for procedures and medicines to be taken following procedures were requested and supplied the day before patients attended outpatients. This ensured patients always had appropriate pain relief.

Competent staff

- Staff throughout outpatient services demonstrated enthusiasm and motivation to excel in their roles. Staff said they were being supported to develop their skills and competencies.
- Staff undertook a range of additional training aimed at supporting clinical and non-clinical roles. For example; management of medical gases, risk assessments and information governance.
- Many staff said they were being supported to complete additional qualifications and degrees to support their roles.
- The staff we spoke with told us they had an annual appraisal. Records demonstrated the majority of staff were up to date with this.
- Doctors' performance was monitored on an individual score card. This enabled information relating to the outcome of procedures to be monitored and evaluated on a monthly basis. The score card tool was used to support each doctor's annual appraisal and revalidation of professional standards in line with national guidance (General Medical Council, 2013).
- Nurses' annual re-registration was monitored and checked by the HR team.
- Senior staff were assured of staff competency by reviewing a range of training and patient outcomes at the monthly governance meetings.

Multidisciplinary working

- All staff we spoke with said multidisciplinary working was effective with staff at all levels able to contribute to discussions.
- Staff throughout outpatient services told us they worked well as a team, including across specialties and professional groups.
- All staff were aware of their own roles and responsibilities and those of other specialties and professional groups. Staff said this enabled effective communication for the benefit of patients.
- Outpatient services contacted patients' GPs promptly to get further advice or pass on information to support the preparation for patients' treatments.

Seven-day services

- Outpatient clinics and imaging services were provided Monday to Saturday from 8am to 7pm. The imaging service provided a service on Sundays if this was required prior to discharge. Staff said this was done to prevent patient discharge delays. The physiotherapists worked Monday to Sunday, 8am to 7pm.
- Satellite outpatient clinics were provided every week at the neighbouring town of Frome. Staff said this service was provided at the request of the local Clinical Commissioning Group (CCG) to provide services closer to some patients' homes.

Access to information

- The outpatients' services included a team led by an experienced nurse. This team's role was to ensure all information needed to deliver effective care and treatment was available to relevant staff prior to any treatments. For example, referrals were scrutinised to ensure relevant information had been included by the GP as part of the referral. This included previous medical history, allergies and treatments. If information was missing the team contacted the patients GP directly for updates. The team also monitored the results of tests sent to external laboratories. If test results were out of normal range, the team notified the outpatient consultant and contacted the patient and their GP to follow these up prior to any planned admissions.
- How confidential information was shared and with whom was discussed with patients as part of the booking processes. For example, patients were asked if information regarding the outcome of treatments could be shared with their GP.
- Patient paper records were accessible for staff and securely on site.

Outpatients and diagnostic imaging

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff followed effective consent processes. Patients received written information about consent prior to attending outpatients' appointments. The consent form was discussed at the first appointment with the consultant. It was reviewed again by a consultant and an anaesthetist when the patient returned for surgery. We looked at a sample of six consent forms which had been clearly and fully completed.
- Patients having joint replacement surgery were given a minimum of seven days between consultation and surgery. Staff said this ensured patients had enough time to consider all the facts, ask supplementary questions and give informed consent.
- Separate consent forms were used patients who did not have the capacity to consent for treatment. These followed the best interests' decision making principles set out in the Mental Capacity Act 2005.
- All patients aged over 75 years were screened for memory loss to ensure the appropriate consent pathways were followed.
- Patients were provided with a copy of their signed consent form.
- Patients told us information had been presented in ways which they understood.
- We observed staff explaining procedures and diagnostic tests to patients and obtaining their consent before proceeding.

Are outpatients and diagnostic imaging services caring?

Patients received caring, compassionate care from staff at all levels throughout outpatient and imaging services. Information for patients about conditions and treatments was sent in advance and available at clinics. Patient feedback was actively encouraged and acted upon. Staff were proactive in their approach to supporting patients, providing person-centred care and treatment which patients found helpful and reassuring.

Compassionate care

- During our visit we spoke with 10 patients who all said they found staff to be helpful, courteous and respectful.
- We observed patients were welcomed when arriving at the main reception desk. Staff were helpful and polite and ensured patients understood where they needed to go and what to expect.
- Patients were collected from the main waiting area by clinic or imaging reception staff and personally escorted and welcomed into clinical areas.
- We saw patients treated politely and respectfully by all staff throughout outpatient services. We saw signs within the clinic areas explaining how patients could request a chaperone to be present for additional support during examinations or consultations.
- Records showed 153 patients provided feedback during the month of November 2014. Feedback for the questions 'Did you feel you were treated with dignity and respect' and 'Were you given enough privacy when discussing your condition', scored 100% (Yes, always).

Understanding and involvement of patients and those close to them

- Patients told us conversations with clinical staff were conducted in private. We observed all clinical activity was provided in individual consulting rooms and doors were always closed.
- Staff gave us examples to illustrate how they had worked with other departments and services for the benefit of patients. For example, one of the outpatient health care assistants (HCA) had worked shifts on the inpatient ward. This was arranged so staff could better prepare patients for their procedures during their outpatient appointments. This resulted in the HCA developing information packs which were given to patients during gynaecological outpatients appointments.
- We observed staff checking patients had all the information they required and checking if they had any questions.
- All the patients we spoke with said information was presented in a way that they understood and their wishes were respected. Patients said they were encouraged to ask questions and were able to have relatives or friends with them if this was their preference.
- The internal patient feedback audit for the month of November 2014 involved 153 patients. Of these 99% recorded agreement 'Yes, definitely' in response to the question; 'Were you involved as much as you wanted to be in decisions about your care and treatment?'

Outpatients and diagnostic imaging

Emotional support

- Staff working in the imaging service were aware that some patients were prone to experiencing claustrophobia when having lengthy procedures completed. Staff said patients were invited to play their own music or they were offered music form a selection. They also conducted ongoing conversations through microphones. This helped relax and reassure patients. Staff explained if patients were unable to complete their imaging investigations because of anxiety or claustrophobia, they were offered new appointments, rather than cancel the investigations. Staff said it sometimes took two or three appointments before a patient was able to complete their tests. We observed a patient being supported in this way during our inspection. Staff were kind and supportive of the patient throughout the procedure.
- One patient, when asked to describe how they were supported by staff said "I feel like a person, not a number, I'd never go anywhere else".

Are outpatients and diagnostic imaging services responsive?

The outpatients' and imaging services were responsive to patients' needs. The service provided good access and flow through the departments which was valued by patients. Staff were proactive. The physiotherapy department had developed additional resources which enhanced patient outcomes. Staff demonstrated how they provided person-centred care to meet individual needs. Services supported local primary care services by providing prompt imaging services and feedback. The outpatients' and imaging services actively encouraged patient feedback at all appointments and reviewed this for learning and service improvements.

Service planning and delivery to meet the needs of local people

- Senior staff said they used patient feedback and regular liaison with the Clinical Commissioning Group (CCG) to plan services to meet the needs of local people. For example, the CCG had requested services be developed closer to a wider range of to people's homes. This led to the provision of outpatient satellite clinics in neighbouring towns staffed and managed by hospital staff. Managers said they were in discussion with the CCG to develop these satellite clinics into other local communities during the next year.
- Staff told us how they had developed positive working relationships with the local authority for the benefit of particularly vulnerable patients. For example, staff had meetings arranged to ensure access and service provision was appropriate for people with mental health or learning disabilities.
- Staff looked for ways to enhance their services and patient outcomes. For example, the physiotherapy team had developed a 'Pocket Physio App'. This free resource provided both video and text instructions on pre-operative and post-operative physiotherapy exercises with the aim of promoting a swift recoveries for patients.
- The imaging service had an additional contract with local primary care services to provide a direct access service. The majority of patients were seen within two days, while all urgent referrals were seen within 24 hours. Records demonstrated this was achieved.

Access and flow

- Robust systems were in place which ensured good patient access and flow through the outpatient services. Outpatient clinics provided a 'one stop shop' for clinics, clinical investigations and booking treatments. Patients used the national 'Choose and Book' system to arrange appointments.
- Outpatient clinics were rostered on a six week rolling programme, depending upon the number of referrals and consultant availability. A booking team monitored the clinics and appointment times and liaised with the Choose and Book centre and patients directly. We observed the team worked hard to accommodate patients' requests and provided clear and helpful information.
- The patients we spoke with liked the layout of outpatients which was horseshoe shaped and provided a logical flow.
- Both the outpatients' and imaging departments had their own waiting areas. The clinics worked on the principles that while one patient was being seen, one would be waiting. This ensured flow through clinics and prevented them becoming overcrowded.

Outpatients and diagnostic imaging

- When patients were 'signed off' as suitable for treatment or surgery, they were able to book this before leaving the clinic. Patients said they appreciated the efficiency of these systems.
- We looked at referral to treatment times (RTT) for the period January 2014 to November 2014. A total of 5,578 patients were seen in outpatient clinics, of whom three breached the government target time for RTT of 18 weeks.
- Imaging services saw patients directly from outpatients' consultations. Other patients were referred directly from GPs. From May 2014 to November 2014 the service saw 5,653 patients.
- Imaging services had a two week target to provide reports for routine GP referrals and two hours for urgent GP referrals. These targets were set by the CCG. We looked at records which showed the targets were achieved for 100% of patients from May 2014 to September 2014 and for November 2014. The target was achieved for 99% of patients during October 2014.
- Patients and staff said if waiting times in clinic exceeded 20 minutes, patients were informed by reception staff when they arrived. Patients were provided with an explanation, an apology and vouchers for drinks at the café in the main waiting room.

Meeting people's individual needs

- Staff said they made reasonable adjustments to meet patients' individual needs. For example, staff told us what actions had recently been made to support a patient with mental health needs. Once this patient had attended outpatients, senior staff met with their main carers three times to plan how to best support them with other appointments. This resulted in a unique care plan to alleviate this patient's mental health symptoms and ensure the treatment required could be provided. For example, outpatient staff with whom the patient had a particularly positive rapport were rostered on duty for all subsequent appointments. These staff accompanied the patient on their journey throughout the hospital. In addition the hospital provided the post-operative care usually provided by patients' GPs (removal of sutures).
- A telephone interpreter service was available for patients if required. Reception staff said they had recently used this service and found it prompt and efficient.
- All of the outpatient services were fully accessible for patients using wheelchairs.
- There was ample seating in all waiting areas, with a café situated within the main waiting area. Patients told us they would have liked the café to remain open into the early evening until all outpatient clinics finished.
- We observed a range of information about consultants, conditions and treatments displayed and available to patients to take home. Information about services was also available on the provider's website
- Booking staff said relevant information was sent to patients when their booking was confirmed for clinical appointments.

Learning from complaints and concerns

- There had been no complaints about the outpatient or imaging service between April 2014 and November 2014.
- The hospital had robust processes in place to deal with patient complaints and followed the Patient Association Good practice standards for NHS Complaints Handling (Department of Health 2013). Managers were fluent with this process and explained how previous complaints had been dealt with. Records documented processes had been followed with in line with the policy.
- Feedback and learning from complaints was discussed with any individual staff concerned and more widely at the monthly governance meetings.
- Feedback from patients placed on the NHS Choices website was reviewed every week. Each comment was replied to and patients contacted if necessary to further follow up issues.
- We observed patients were asked regularly if they had any questions. Staff said if patients had concerns these were immediately escalated to the person in charge. Senior staff said they aimed to resolve patient complaints or concerns at the time and gave patients the option of making a formal complaint
- Patients were encouraged to give feedback before leaving the department. This information was reviewed and appropriate actions taken. For example, we saw one patient had commented that a consultation room became uncomfortably warm. Subsequently, electric fans were provided for all treatment rooms. This information was displayed on 'You said, we did' posters which were updated every month.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services well-led?

Staff at all levels understood and demonstrated the vision and values for the service. Governance and management processes were robust. Senior staff were fluent with current risks and quality measures and were able to produce accurate and valid data promptly. Audits, policies and processes were evaluated for risks and quality improvements and this information was shared with all staff groups. Staff said they felt valued and respected and managers were approachable and knowledgeable.

Vision and strategy for this service

- Staff demonstrated a thorough understanding of the provider's vision and strategy. In addition, the outpatients and imaging services had their own objectives. These were developed through consultation with the Clinical Commissioning Group (CCG), patients and staff.
- Strategic action plans and priorities were identified under three headings; quality, people and business. The strategy was kept under review during monthly departmental and service-wide governance meetings. During these meetings progress was evaluated and actions agreed. We saw records which documented these processes.

Governance, risk management and quality measurement

- Governance and management processes were highly effective. Senior staff were fluent with current risks and quality measures and were able to produce accurate and valid data promptly.
- The governance systems were exceptionally well organised, monitored and kept under regular review. Records were accessible and defined planning, actions taken and how learning was to be disseminated. Staff at all levels demonstrated an understanding of the governance structure and processes. These effective systems helped minimise risks to patients and promoted quality care.
- Issues of concern were initially discussed within monthly departmental meetings. Senior staff were clear regarding the processes to escalate any risks identified and said managers were always available and responsive.
- Governance meetings took place every month and were scheduled in protected time (no clinics or other meetings scheduled). All staff were encouraged to attend and contribute, and managers said there was always good attendance. Other staff confirmed they were invited and attended when on duty.
- During the governance meetings, audits, policy and processes were thoroughly evaluated for risks and quality improvements. Appropriate actions and timescales were agreed and documented.
- The hospital had clearly defined clinical quality dashboards and clinical plans. These identified key objectives, actions and timescales. For example, one objective was to reduce the incidence of patient falls in the first post-operative year of hip or knee replacement surgery. Actions included the introduction of a falls and stability programme and an increase in physiotherapy assistant hours. The impact of these actions was being monitored.

Leadership of service

- Staff said they felt well supported by clinical and senior managers who were always visible and approachable within the service.
- The outpatient and imaging services held monthly team meetings to cascade information and review quality and risk issues. Meeting minutes for the month of November 2014 recorded clinical update discussions and the introduction of a learning forum. This was being developed for staff with the aim of examining challenging cases, identifying new ways to improve quality and increase staff confidence.

Culture within the service

- Staff throughout the department demonstrated an understanding of the providers' values. Staff consistently demonstrated they were focused on providing a service of the highest standard to patients. This was demonstrated by the way in which staff spoke with and about patients, showing compassion and understanding.
- Staff at all levels told us they were proud of the work they did and felt valued and respected by managers. Several staff we spoke with said they loved their job and coming to work.

Public and staff engagement

Outpatients and diagnostic imaging

- Patients were provided with a tablet computer to provide feedback on their experiences.
- The experiences and views of the public were understood through regular liaison with the CCG and by requesting each patient to complete an evaluation of each visit. These processes provided a regular source of information which was routinely scrutinised for service improvements through the team and governance meetings.
- Staff were emailed a weekly update from the provider's engagement and communication team. This included updates on service provision across the country, health and safety updates and links to new clinical reports.
- The hospital director produced a monthly newsletter. This included quality and clinical updates and information on new recruits and staff leaving the organisation. In addition staff were encouraged to share information or request specific feedback.
- The monthly governance meeting highlighted compliments as well as complaints. Staff were given individual feedback if they had been named in patient correspondence.
- Staff at all levels felt they were listened to and said managers and senior staff were accessible, knowledgeable and approachable.
- The internal patient survey for the month of November 2014 included a question asking if patients would recommend the service to friends and family. This yielded 157 patient responses of which 92% responded 'extremely likely', 6% 'likely', 1% 'neither likely or unlikely' and 1% 'extremely unlikely'

Innovation, improvement and sustainability

- The outpatients' department had eight consultation rooms. The hospital was in the process of developing a further two consultation rooms. This was in response to continued evaluation which showed an increase in demand for outpatient services
- Whilst staffing levels were safe, senior staff in outpatients and imaging felt recruitment was an ongoing issue of concern for their services. This was felt to be largely due to the remote location of the hospital which had limited public transport facilities
- Managers said ongoing staff development and training was an investment in maintaining high quality services and sustaining the service into the future. Many of the staff we spoke with at all levels told us they were being supported by the service to complete advanced training courses to support them in their roles.
- Senior staff said they were in discussions with the CCG regarding the potential to develop and provide services into other local areas.

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- Staff were able to prepare for any patient being admitted with a diagnosis of dementia. One to one nursing support was provided and equipment made available to promote independence. When required, relatives had been able to stay with the patient overnight.
- Length of stay for both hip and knee surgery was significantly below the NHS England average. Length of stay for hip replacement surgery was 2. 7 days (NHS England average 4 days) and for knee replacement surgery 2.8 days (NHS England average 5 days). This was made possible by the pre-operative preparation of the patient including delivery of equipment into the home; physio therapy assessment; pain relief including discussing and preparing of medicines for discharge; seven day working of physiotherapists and radiographers; and intensive physiotherapy with the provision of equipment to take home to continue rehabilitation.
- Multidisciplinary team working and approach to all aspects of the patient care pathway. Multidisciplinary agreement prior to cancelations on the day of surgery as Multidisciplinary ward rounds with all involved in determining when a patient was fit for discharge.
- The service was highly responsive to patient needs at all stages through the patient pathway including discharge.
- There was a clear patient focus by both clinical and non-clinical throughout the hospital. This included the chef who visited patients on the ward each day to ensure that their dietary choices were being met.
- There was a high level of patient satisfaction reported across all areas of the treatment centre.
- There were very low levels of operations being cancelled on the day of surgery for non-clinical reasons.
- Patients were at the centre of care. Staff were empowered to make decisions in the best interests of the patient.
- There was a highly visible management team.
- The governance systems were exceptionally well organised, monitored and kept under regular review. Records were accessible and defined planning, actions taken and how learning was to be disseminated. Staff at all levels demonstrated an understanding of the governance structure and processes. These effective systems helped minimise risks to patients and promoted quality care.
- There was clear leadership at all levels within the hospital; from housekeeping and kitchens, through to the ward and departments. This was supported by the senior leadership in the hospital.
- The imaging department had an excellent track record for effective and safe care, with no reportable radiation incidents. The service employed an external consultant radiologist to regularly assess the quality of randomly selected imaging results. This promoted effective diagnoses and appropriate treatment plans for patients.
- The physiotherapy staff were proactive in their approach to providing person centred and effective care. The department worked flexibly to meet patient needs and at the time of our visit there was no wait to see a physiotherapist.
- The physiotherapists ran a 'falls and stability' outpatients program open to anyone who had been seen at the treatment centre.
- The outpatient department proactively looked for ways to improve their services and patient outcomes. This included the developed of a 'Pocket Physio App'. This free resource for patients provided both video and text instructions on pre-operative and post-operative physiotherapy exercises.
- Patients were advised to contact the treatment centre with any concerns regarding their treatment for up to one year post surgery.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure safer storage of anaphylaxis boxes in theatre and on the ward as these boxes did not have a tamper proof seal.