

Ramsay Health Care UK Operations Limited

# Oaklands Hospital

## Inspection report

19 Lancaster Road  
Salford  
M6 8AQ  
Tel: 01617877700  
[www.ramsayhealth.co.uk](http://www.ramsayhealth.co.uk)

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

## Ratings

### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We carried out a focussed inspection of the surgery core service. We did not rate the service at this inspection, and all previous ratings remain.

We inspected this service because we had received information of concern. These concerns included;

- Numerous whistle-blowers between July 2020 and April 2021 to CQC around staffing and culture. This was discussed during a Transitional Monitoring Approach (TMA) call in February 2021, the management team believed they were well staffed and there had been no concerns voiced to them.
- All the senior leadership team were new to post within the previous 24 months. They were, however, able to describe and discuss the action plans that were in place.
- A specific incident regarding the ability and competence to perform nerve block procedure when required.
- An incident when the lack of available drugs for a procedure impacted on a person who used the service.
- A review of enquiries made to CQC between December 2019 and December 2020 highlighted concerns including three cases relating to the escalation of the unwell patient which resulted in negative outcomes for the service user.
- We also noted that the hospital had reported two never events where wrong site surgery was performed, between February 2019 and December 2020. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

During our inspection we found;


- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, there was one area which required improvement and the provider had actioned appropriately. This was an improvement on the last inspection.
- The service controlled the risks associated with infection well. The service had a policy to support the prevention of surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, we noted that some areas did not have sufficient hand sanitiser available and this was not always utilised.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks, this was an improvement on the last inspection. Staff used a recognised tool to identify deteriorating patients however this was a paper-based system that was not always adhered to, but plans were in place to improve.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. However, the information needed to plan and deliver effective care, treatment and support was not always available at the right time. Records were stored securely.
- The service used systems and processes to safely prescribe, administer, record and store controlled medicines.

# Summary of findings

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	We carried out a focussed inspection of this service. We did not rate the service at this inspection and all previous ratings remain. The summary of what we found can be found in the overall summary above.

# Summary of findings

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# Summary of this inspection

## Background to Oaklands Hospital

Oaklands Hospital is operated by Ramsay Health Care UK Operations Limited. The hospital has 25 bedrooms. Facilities include three operating theatres with laminar flow and a designated endoscopy theatre, one inpatient ward with 17 beds, an eight bedded day case unit and x-ray, outpatient and diagnostic facilities.

The service had a registered manager who had been in place since April 2019. The service is registered for the following regulated activities;

- surgical procedures
- treatment of disease, disorder or injury
- family planning
- diagnostic and screening procedures.

We last inspected this service in July 2017 and rated them as good overall and good in effective, caring, responsive and well led and requires improvement in safe.

During our last inspection we identified the following concerns:

- The provider did not ensure the proper and safe management of medicines at all times.
- Not all staff had the required level of training.
- In some cases, risk assessments were not completed, and risks were not mitigated. For example, adherence to the World Health Organization (WHO) process and checks.
- Infection control measures and precautions were not always maintained and followed.
- The provider did not maintain a contemporaneous, accurate and complete record for all service users.

The hospital provides surgery and outpatients and diagnostic imaging. We inspected surgical services.

### What people who use the service say

People we spoke with during the inspection told us that staff were caring and approachable and gave positive feedback about the care and treatment they had received.

## How we carried out this inspection

The team that inspected the service onsite comprised two CQC inspectors supported by a specialist advisor. Specialist advisors are experts in their field who we do not directly employ. The inspection team was overseen by a CQC inspection manager and supported off site by the relationship owner for the location.

We carried out an unannounced focused inspection of the surgical services at the hospital on 12 April 2021. We visited the inpatient ward, day case unit, theatres and recovery area. We spoke with 11 members of staff, including senior leaders, nursing staff and allied professionals. We spoke with four patients. We reviewed nine patient records.

Following the site visit we carried out interviews with the registered manager and key leaders.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

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

### **Action the service SHOULD take to improve:**

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that information in patients' records is clear and easily accessible for staff to prevent the risk of not delivering effective care and treatment. (Regulation 17)

# Our findings




## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated



# Surgery

Safe	Inspected but not rated 
Caring	Inspected but not rated 
Well-led	Inspected but not rated 

## Are Surgery safe?

Inspected but not rated 

We carried out a focussed inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, there was one area which required improvement and the provider had actioned appropriately. This was an improvement on the last inspection.**

The provider's mandatory training was delivered through e-learning and face to face training. The e-learning mandatory training completion rate was reported as 94% and the face to face training completion rate was reported as 93%. The mandatory training programme was tailored to the skill requirement of staff, dependent upon their role. Managers could see which members of staff in their team had completed training which was recorded in a spreadsheet and monitored and discussed at monthly meetings.

Mandatory training uptake levels were high across most subjects in the ward areas. Among ward staff 95% had basic life support (BLS), safeguarding and prevent, fire safety, customer service, moving and handling, infection prevention and control (IPC) and speaking up for safety (SUFS). The SUFS training programme is part of Ramsay Health Care's commitment to support the culture of safety and ensuring high professional standards are maintained throughout the organisation. The rates for immediate life support (ILS) for the ward area was around 90%.

In theatre, the mandatory training uptake levels were reported as 100%. The rates reviewed for immediate life support (ILS) for the theatre area was around 87%. This meant that there would be sufficient numbers of staff appropriately trained in the correct level of life support to work in theatres and recovery.

The provider was unable to evidence the staff who had completed the acute illness management (AIM) training and advanced life support (ALS) training as the file had been accidentally deleted. However, the provider told us that across the ward and theatre areas there was four ALS qualified staff members and a resident medical officer (RMO) who was also ALS qualified. Therefore, they were unable to have someone with ALS training on every shift although the RMO was available.

We were told there was a plan in place to enrol staff onto these training courses. The issue relating to the deleted training records was added to the hospital risk register.

# Surgery

## Cleanliness, infection control and hygiene

**The service controlled the risks associated with infection well. The service had a policy to support the prevention of surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, we noted that some areas did not have sufficient hand sanitiser available and this was not always utilised.**

The hospital was visibly clean, tidy and free from clutter. Seating had been arranged in the reception area to allow social distancing for patients. On arrival the inspection team were requested to provide proof of a negative COVID-19 test, temperatures were taken, and a declaration signed before entry. The reception desk had clear screens between staff and patients. Staff were seen to observe social distancing when moving around the reception area. We observed that masks were worn by staff. Face coverings worn by patients were replaced by masks on arrival. There was a supply of hand sanitiser and hand washing facilities were accessible.

The escorted tour of the building identified the key operational areas including theatres and wards. The three theatres were described as laminar flow to reduce the risk of infection. Consideration had been given to the movement of patients throughout the building. Services were provided over three floors which were accessible via staircases and a lift. Windows were open in some rooms to support ventilation. Rooms were clean and spacious.

Additional hand washing stations had been installed in corridors. However, there was a noticeable absence of hand sanitiser units throughout the building particularly outside theatres and patient rooms. We highlighted this to the hospital manager, and we were told the provider had purchased additional units to be installed throughout the hospital.

Hand hygiene observation audits were conducted by managers and showed 100% compliance from January 2021 to March 2021. However, during our visit we observed six clinical staff members not hand sanitising their hands when leaving the theatre recovery area. This was escalated to the management team on site.

We saw the correct use of personal protective equipment (PPE) such as disposable gloves, aprons, masks and eye protection. PPE was available in all clinical areas. Staff in theatres wore appropriate theatre clothing and designated theatre shoes were worn. There was a dedicated donning and doffing area and staff were expected to travel to work in their own clothes.

The hospital had up-to-date policies for infection, prevention and control (IPC) and related topics such as prevention of surgical site infection and Healthcare Acquired Infections (HCAI) Surveillance. Disposable curtains were used in clinical areas and were labelled to indicate when they required changing. This meant the risk of cross infection was reduced.

Our observations were supported by the providers IPC environmental assurance reports and ward/theatre environmental audit data.

## Environment and equipment

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

Equipment on the wards and in theatre areas appeared to be well maintained. Staff cleaned equipment after patient contact and labelled equipment with 'I am clean' labels to show when it was last cleaned.

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Records indicated that the resuscitation trolley and its contents were checked daily. There was a difficult airway trolley with difficult airway society guidelines attached. Emergency evacuation equipment was present in the stairwells.

In theatre, we observed staff counting surgical consumables such as swabs and needles and the count was recorded on the count board. Two practitioners visualised and verbalised, this was in line with best practice (Association for Perioperative Practice (AfPP) standards and recommendations).

In recovery, room temperature checks were completed daily and recorded. There was a transfer bag which was checked weekly and checklists were up to date.

There were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks, this was an improvement on the last inspection. Staff used a recognised tool to identify deteriorating patients however this was a paper-based system that was not always adhered to, but plans were in place to improve.**

Staff were expected to carry out pre-operative risk assessments prior to surgery. We reviewed nine patient records and most records included a pre-operative risk assessment. We found that other risk assessments, such as falls and venous thromboembolism (VTE) were completed. However, in one patient record a risk for VTE had been identified by a consultant but no risk assessment had been completed. Senior staff told us this was an error and there was no VTE risk.

Staff used the National Early Warning Score (NEWS2) tool to identify patients at risk of deterioration. Staff recorded routine physiological observations including temperature, blood pressure and heart rate. NEWS2 observations were recorded in the patient records we reviewed. Senior leaders told us they were in the process of developing a poster to be displayed in prominent clinical areas to prompt staff around whether; staff had recorded the NEWS2 correctly, staff had followed the track and trigger guidance and staff had escalated appropriately. We were told an audit tool had been developed to monitor compliance to management of a deteriorating patient and the use of NEWS2 track and trigger and response to the score. We were told that the service was looking to adopt the electronic version of NEWS2 to improve.

The hospital had a service level agreement with a local NHS trust for the transfer of a patient requiring NHS acute care. The hospital also had a standard operating procedure for the transfer of a critically unwell patient. An action plan had been initiated following an incident from 2020 where a patient deteriorated following surgery and there was a delay in escalation and transfer to the local NHS trust. We saw learning from this incident as senior leaders had met with staff members including the resident medical officer (RMO) who were providing care for that patient. There was also minuted staff forum meetings.

The ward staff we spoke with were able to explain what action was taken when a patient's health deteriorated. Staff were supported by an emergency team and the RMO. The RMO was on duty 24 hours a day and was available on site to attend any emergencies.

In theatre, we observed clinicians adhering to the World Health Organization (WHO) checklist and completing safety checks before, during and after surgery. We saw good interaction between staff and a patient who was transferred from

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the ward to theatre. Staff asked the patient to confirm their name, date of birth and consent. The patient was also asked to confirm the planned procedure and check the operation site mark. The checklist was verbalised and confirmed between the anaesthetist, operating department practitioner (ODP) and patient. Documentation was signed and dated by the ODP.

The theatre team held a safety huddle at the beginning of each day. This was led by the theatre manager. The purpose of the huddle was to review and discuss the previous day, good and bad practice, incidents and the day's activity. The meetings were recorded. Staff were encouraged to interact and speak up.

Staff on the inpatient ward told us there was a daily huddle led by the ward manager to discuss staffing, incidents and complaints.

Patients were required to attend the hospital for a pre-operative COVID-19 test three days prior to their surgery and were told to isolate prior to admission, which was in line with national guidance. If the test result was positive the patient was advised to self-isolate for 14 days and the hospital would contact the patient to rearrange a date for their procedure. We saw staff checking and signing the patient COVID-19 The Doctors Laboratory (TDL) report in theatre.

There was a new lead for resuscitation at the service. Staff had completed cardiac arrest scenario training.

There were protocols in place to access emergency blood and algorithms were in place.

### Nurse staffing

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

The ward and theatre teams had enough nursing and support staff to keep patients safe. We were told there had been previous staffing issues in the ward areas however this had improved following a change in management. The hospital manager told us they were satisfied with the current staffing numbers and there were no risks. Staff said they would escalate any staffing concerns to the head of clinical services and hospital manager.

The hospital used a safe staffing acuity tool. The operational matron looked at the acuity of each patient that would be on the ward and allocated a safe number of staff per shift. For example, when a bariatric patient was admitted to the hospital additional healthcare assistants (HCA) or nurses would be added to the rota to ensure they met the needs of patients.

The Deputy Clinical Matron was also the acting ward manager on the inpatient ward. This was due to a staff member on long term sick. Staff teams across the ward areas had been brought together to ensure there was a good skill mix for the acuity of patients. There had been a recruitment drive for healthcare assistants. There were two vacancies on the ward at the time of our inspection. Vacancies were backfilled with agency and bank staff who were familiar with the service.

During our inspection we were told staff on the inpatient ward were not responsive to phone calls when arranging the transfer of a patient from the ward to theatre or vice versa. This meant theatre staff had to go up to the inpatient ward and bring the patient down to theatre. Theatre staff told us there were occasions where no ward staff were available to provide a patient handover. This resulted in delays for patients returning to the ward following surgery. We raised this with senior

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leaders during our inspection and they acknowledged the internal delays regarding patient transfers within the hospital. We were told the delays were a result of the inpatient ward and day case unit being combined. Staff had been told to continue working in this manner in the short term until a ward manager had been recruited. The ward manager post was advertised at the time of our inspection.

Senior leaders were in the process of formalising the staff supervision process. Managers and nursing staff received regular supervision. However, healthcare assistants (HCA) did not receive regular supervision. All staff received a mid-year and annual appraisal.

Staff on the ward told us there were opportunities for training and professional development through the Ramsay Health Care UK Academy. A staff member was in the process of completing their student nursing and said they would be happy to work at Oaklands Hospital once qualified.

## Medical Staffing

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

The service had enough medical staff to keep patients safe. We were told there had been previous staffing issues in theatre however this had improved following a change in management. Staff we spoke with told us the COVID-19 pandemic had an impact on staff and numerous staff had left the organisation.

Theatre staffing levels were in line with (Association for Perioperative Practice (AfPP) standards and recommendations. The hospital had introduced a 'floater' system meaning there was an additional staff member who could step into a role if a staff member was absent. In the event of staff sickness on the day of surgery a risk assessment would be completed, and staff would be reallocated if deemed safe. The theatre manager was supernumerary and could step into a role if required.

Theatre lists were organised to ensure staff breaks were planned.

No staff members across the theatre and ward areas had completed human factors training. Human factors training has an increasing role to play in enhancing patient safety and reducing medical errors. Senior leaders told us there was a plan in place for all clinical staff to complete human factors training in 2021.

The hospital did not have an advanced life support (ALS) qualified staff member on each shift in the theatre recovery area. We were told there was a plan in place for all recovery staff and anaesthetic staff to complete ALS training. Immediate medical support was available 24 hours a day, seven days a week. This was provided by two resident medical officers (RMO) who worked a shift pattern of one week on. The RMOs were employed by RMO International Healthcare.

Staff had access to sepsis training resources including the Ramsay sepsis care pathway which directed staff to the steps that must be taken to manage patients with signs of sepsis. Staff also received a Ramsay pocket guide which provided a quick reference review of actions to take when a patient presents with signs of sepsis.

There were three vacancies in the theatre area at the time of our inspection. Vacancies were backfilled with agency staff who were familiar with the service.

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The hospital manager met with consultants annually to review their practising privileges. This is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic.

## Records

**Staff kept detailed records of patients' care and treatment. However, the information needed to plan and deliver effective care, treatment and support was not always available at the right time. Records were stored securely.**

Medical records were paper based and stored securely behind the nurses' station in the ward area. We reviewed nine patient records during the inspection. Most records included NEWS observations, pre-operative assessments, information regarding the procedure and patient consent.

Records were not clear and difficult to navigate. Information regarding patients care and treatment was filed in the wrong sections of the record. There is a risk that people would not receive the care they needed if information is not easily accessible for staff to follow. One patient record contained a COVID-19 test result for a different patient. In two records we found gaps in the COVID-19 testing documentation.

Senior leaders told us the hospital was planning to transition to electronic medical records in October 2021. Staff said they were frustrated with the records and would welcome the change to the electronic system.

We were told records were audited monthly and risks had been identified around the amount of paperwork. Senior leaders acknowledged that the ordering and consistency of patient records was not standardised and would be reviewed as a priority.

## Medicines

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

From the previous inspection there was a breach regarding the proper and safe management of medicines at all times with regards to controlled drugs. At this inspection we checked and found no concerns regarding the safe management of controlled drugs.

We reviewed three controlled drugs cupboards which had monthly checklists which had been completed apart from March 2021 which was missing.

The head of clinical services was the controlled drugs accountable officer for the hospital.

## Incidents

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

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The hospital used an electronic reporting system to report all incidents.

Staff on the ward told us lessons learned from incidents and complaints were discussed at daily huddles and monthly team meetings. The hospital manager and head of clinical services attended the daily huddles twice per week.

The theatre manager explained the lessons learned from incidents process and told us root cause analysis (RCA) reports were discussed at team meetings with the head of clinical services. However, staff in theatre areas were not able to explain any learning and feedback from incidents.

During our inspection senior leaders told us they were aware of theatre lists overrunning. An incident had occurred where a patient returned to the ward late from theatre and the incident had not been escalated appropriately. Following this incident there was a minor staff restructure on the ward and the hospital employed an operational matron. Theatre times were from 8am to 8pm. The hospital provided information that showed around 5% of theatre sessions finished late between January and March 2021. Theatre session figures were reviewed and discussed with the team on a quarterly basis.

In December 2020 the hospital reported a never event for wrong site surgery. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event has the potential to cause serious patient harm or death but neither have happened for an incident to be a never event.

Senior leaders told us the consultant involved in the never event was not open and transparent. Concerns were escalated to the hospital medical director and a decision was made to terminate the consultants practising privileges.

Information about learning from incidents and lessons learned nationally were circulated to all staff via Ramsay Health Care UK.

## Are Surgery caring?

We carried out a focussed inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Compassionate care

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

Patients spoke positively about the care and treatment they had received. Patients told us staff were caring and approachable. A patient on the inpatient ward told us “staff have been excellent and very approachable”. A patient on the day case unit told us “information regarding the day has been clearly explained and I have been able to ask questions about the procedure”.

We observed staff interacting with patients in a kind and considerate manner.

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Patients told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and about the quality and content of written materials, such as information leaflets specific to their condition and treatment.

Staff supported patients to make informed decisions about their care and treatment. Patients told us the medical staff fully explained the treatment options to them, including risks and benefits. They followed national guidance to gain patients' consent.

## Are Surgery well-led?

Inspected but not rated 

We carried out a focussed inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Leadership

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

The senior leadership team consisted of the registered manager, clinical lead, finance manager and operations manager. All the senior leadership team were new to post within the previous 24 months. The registered manager was the longest serving member of the senior leadership team at the hospital. Members of the senior leadership team had only been in post for a short time and were in the process of embedding systems and processes.

Staff told us that the management team and senior leadership team had changed. The senior leaders were described as visible and accessible. One staff member expressed that the senior leadership team were now dynamic and forward thinking.

Staff said they felt listened to and felt empowered by the new leaders and able to raise concerns. For example, ward staff had escalated staffing concerns to the head of clinical services and hospital manager and a plan was created to identify the issues and shortfalls.

The ward and theatres were led by a ward and theatre manager. Staff found them approachable and supportive. Staff told us there were opportunities to develop their skills. For example, one staff member had requested to gain recovery experience and attended an enhanced recovery course funded by the provider.

### Culture

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



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We spoke with three members of staff who told us how things had changed within the hospital. They told us about separation between departments which was being improved. Staff spoke positively about the management team and improvements that had been made around communication and staffing.

Staff felt respected and enjoyed working at the hospital. Staff commented on the cultural change they had experienced since the change in management and they enjoyed working in an open and honest culture.

Staff described daily huddles to discuss staffing, incidents and support required within the hospital due to staff absence. Staff were able to outline several routes for raising concerns including escalation to the ward and theatre manager or head of clinical services.

Staff were confident to challenge senior leaders. We were told the head of clinical services would intentionally wear jewellery on the ward to see if staff would challenge them.

Staff told us there were opportunities for career development. For example, the ward manager had devised a development plan for the ward sister enabling them to lead on specific tasks such as discharge paperwork. The development plan was reviewed regularly through supervision.

Consultants would previously expect staff to adhere to their ways of working. However, during our visit staff told us consultants would ask staff members how they want them to communicate and explain their preferences for ways of working.

Information around apprenticeships and secondments were circulated to all staff via Ramsay Health Care UK.

## Governance

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

The hospital had a ward to board process for governance. There were clearly defined governance meetings including site level hospital governance meetings; heads of department meetings and clinical heads of department meetings. These meetings fed into the Medical Advisory Committee (MAC) which was held quarterly.

There was a monthly clinical report which was presented to the executive board. Minutes from the MAC were shared with the executives for oversight.

We reviewed the minutes from the last two MAC meetings and saw they discussed incidents, complaints, new procedures and practising privileges.

Feedback was provided to staff via briefings.

There was a hospital risk register where all risks scoring above nine were escalated to and from departmental risk registers.

There was a Board Assurance Framework in place that clearly demonstrated the actions taken to mitigate risk within the organisation.

# Surgery

We reviewed the section of the Board Assurance Framework regarding systems in place to manage and monitor the prevention and control of infection. It was detailed and included embedded evidence to support the assurance level.

## Management of risk, issues and performance

### **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

There were clear and effective processes to manage risks, issues and performance.

The hospital had a risk register. The top three risks were: blood transfusion lead required due to recent resignation, added April 2021; face to face mandatory training details not available, added April 2021; and patient prioritisation process to be accurately recorded and reviewed quarterly, added February 2021. Each risk had a risk score, a lead assigned and controls and actions. Risks and actions were regularly reviewed and had clear review dates.

There was a systematic programme of internal audit used to monitor compliance with policies such as infection, prevention and control (IPC), controlled drugs, social distancing and facility assurance. Audits were completed monthly, quarterly or annually by each department depending on the audit schedule. Results were shared at relevant meetings such as governance meetings.

The service complied with the government guidance on COVID-19. There were posters on doors, both clinical and non-clinical to indicate how many staff could safely mix. Temperature checks were in place at reception and we observed all staff wearing a facemask.