King Edward VII's Hospital Sister Agnes

King Edward VII's Hospital

Inspection report

5-10 Beaumont Street
London
W1G 6AA
Tel: 02074864411
www.kingedwardvii.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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

Staff had a variable understanding of following safe procedures for children accompanying a patient who is attending the outpatient department.

The service did not have relevant information promoting healthy lifestyles and support inpatient areas. There were no information leaflets or material available within the clinics, nor there was any information within the outpatient department displayed directing patients where to access information related to a healthy lifestyle.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Surgery

Good 

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

Outpatients

Good 

Our rating of this service stayed the same. We rated it as good because:
The service had enough staff to care for patients and keep them safe. Staff had training in key skills,

Summary of findings

understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

Staff had a variable understanding of following safe procedures for children accompanying a patient who is attending the outpatient department.

The service did not have relevant information promoting healthy lifestyles and support inpatient areas, i.e. there were no information leaflets or material available within the clinics, nor there was any information within the department displayed directing patients where to access information related to a healthy lifestyle.

We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to King Edward VII's Hospital

King Edward VII's Hospital is operated by King Edward VII's Hospital Sister Agnes. The hospital is based in London. The hospital provides surgical services, medical care, critical care, outpatient services and diagnostic imaging services. There are 40 private in-patient rooms over three wards, four critical care beds, three operating theatres, one day surgery unit, 27 consulting rooms, two minor procedure rooms, two Phlebotomy rooms, ophthalmology diagnostic suite, digital X-ray, fluoroscopy (Screening), ultrasound, DEXA (Bone Density Scanning), two magnetic resonance imaging (MRI) scanners, two computed tomography (CT) scanners, digital mammography, physiotherapy and hydrotherapy.

The regulated activities registered for this location are:

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Surgical procedures

Family Planning

There was a registered manager in place at this location since it registered with the CQC.

The hospital identified surgery as the main core service with supporting outpatient and diagnostic imaging services. The hospital's largest amount of activity was in the outpatients core service, so for the purposes of our reporting we considered outpatients the main core service. Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatients section.

How we carried out this inspection

We conducted an unannounced inspection of this location on the 6 and 7 June 2022. During the inspection we spoke with 45 members of staff which included medical, nursing, allied health, managerial and administrative staff. We spoke to 15 patients and visitors. We looked at 25 sets of patient records. The inspection team consisted of a lead inspector, core service inspectors, assistant inspector and specialist advisors. The inspection was overseen by Nicola Wise Head of Hospital Inspections for London.

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

Outstanding practice

We found the following outstanding practice:

Diagnostic Imaging:

Summary of this inspection

Introduction of the video MRI safety video and questionnaire. This allowed patients and visitors to become familiar with the MRI area and scanning process allowing for an easier patient journey with reduced risk.

Surgery:

There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements.

Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.

There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.

The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow that was required.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic application to submit audit information which allowed specific standards to be monitored. Managers and staff used the results to improve patients' outcomes.

Areas for improvement

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

Action the service SHOULD take to improve:

The service should consider that staff have clear understanding of following safe procedures for children accompanying a patient who is attending the outpatient department.

The service should consider improving the availability and access to health promotion material for patients.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Diagnostic imaging staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff completed training on a variety of topics which included; life support, safeguarding, fire safety, information governance, recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training. Data we saw showed 100% compliance in staff completing their mandatory training in June 2022.

Safeguarding

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

Diagnostic imaging staff received training specific for their role on how to recognise and report abuse. All staff were trained up to safeguarding level two for adults and safeguarding level two for children. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children visiting the service.

Cleanliness, infection control and hygiene

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

Good

Diagnostic imaging

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. The results for the cleaning audit conducted in June 2022showed that the diagnostic imaging department scored between 98% compliance against the National Standards of Healthcare Cleanliness 2021 (*NHS England*). Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service conducted regular infection prevention control committee which had oversight of all infection prevention control issues on a departmental and hospital wide level. At the time of the inspection the service was compliant with all government COVID-19 guidance. Patients that were at risk of infection or patients that were infectious and at risk to others were provided with appointments during quieter periods to minimise the risk to themselves and others. Staff followed best practice guidance in cleaning diagnostic imaging equipment and the environment after patient use. Ultrasound probes were cleaned in accordance with best practice guidance after intimate examinations.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment. Diagnostic imaging equipment had regular quality assurance checks conducted on a daily and weekly basis by radiographer staff and more detailed checks conducted on a monthly and annual basis by medical physics staff. Staff disposed of clinical waste safely in line with national guidance. The service conducted regular audits for environmental safety and fire safety, the audit was used to identify any potential safety risks and implement appropriate mitigating actions. The service had enough suitable equipment to help them to safely care for patients. The service had an asset register and an equipment replacement programme for all high cost diagnostic imaging equipment. Service level agreements were in place with the machine manufacturers or specialised third party providers for the maintenance of equipment. Clinical areas where ionising radiation was being used had controlled access and relevant safety signs in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 and national guidance. All relevant equipment used in the MRI scanner was labelled in line with Medicines and Healthcare products Regulatory Agency recommendations.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The service had access to an on-site emergency resuscitation team who would aim to stabilise a deteriorating patient and if appropriate patients were able to be transferred to inpatient care and if not, they were transferred to the nearest NHS hospital through "999" services.

Radiographers conducted identification checks in line with IR(ME)R 2017. Audit results for the period of September 2021 to March 2022 showed compliance between 95% and 97%. The diagnostic imaging department had a service level agreement in place for the support of an external radiation protection advisor and medical physics expert. We saw evidence to show that they attended the service's radiation protection committee on a regular basis. The service had appointed two radiographers to be the radiation protection supervisors. Radiographers ensured people of childbearing age were checked for pregnancy status before any procedure using ionising radiation was conducted. The service had

local rules in line with the Ionising Radiation Regulations (IRR) 2017. Patients and visitors attending the MRI scanner were required to complete an online safety questionnaire and watch a safety video. The video highlighted important safety points about the MRI scanner helping to reduce the risk to patients and allowing patients to flag any issues before the appointment.

The service had access to mental health liaison and specialist mental health support. Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

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

The diagnostic imaging department had enough allied health professional and nursing staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The service had low and reducing vacancy rates. The service had low turnover rates. The service had an average level of sickness rates. The service had an average rate of agency staff use. Managers were working to reduce their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

The service had enough medical staff to keep patients safe. The service had a total of 45 radiologists. The service had access to resident medical officers if a patient needed urgent review.

Records

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

Patient notes were a mix of paper and electronic records and all staff could access them easily. Records were stored securely. The service had multiple IT systems for recording patient information such as diagnostic imaging results, physiology testing, blood tests, nursing notes. Staff we spoke with told us that although there were a number of systems they were easily accessible and were appropriate for the service. Staff told us that they would switch to using paper records if an IT system was not working and would upload or transcribe the paper records to the IT systems later. We observed that diagnostic imaging staff checked imaging referrals for IR(ME)R 2017 compliance. Patients were able to request a copy if their diagnostic imaging result and could view them through an electronic portal.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. A safety questionnaire was completed by patients before contrast medium for diagnostic imaging was administered. Patient Group Directions were in place for medicines administered by non-medical staff. Staff reviewed each patient's medicines regularly and

provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines if needed. Staff learned from safety alerts and incidents to improve practice.

Incidents

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had no never events. A total of 25 incidents were reported from June 2021 to June 2022. There was one IR(ME)R reportable incidents in the 12 months prior the inspection, there was appropriate learning and mitigating action taken as a result of this incident. There were systems in place for radiation related incidents to be escalated to and investigated by medical physics expert. Managers shared learning about incidents with their staff and across the service. Staff reported serious incidents clearly and in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident.

Are Diagnostic imaging effective?

Inspected but not rated

At present we do not rate effective for diagnostic imaging departments.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. National guidance was disseminated to local teams by a centralised provider wide team, guidance was then discussed at staff meetings to see if it could be implemented. The diagnostic imaging department had a local audit programme which checked working practices in relation to policies and guidance. Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Diagnostic reference levels (DRLs) were calculated and displayed on an annual basis by the radiation protection supervisor. The department’s local DRLs were below or within tolerance range of the national guidance for the acceptable radiation dose a patient should receive on any specific imaging modality, in cases where the local dose exceeded the national dose we found there were appropriate justifications. Any increases in radiation doses from any modality were checked and justified by the medical physics expert.

Good

Diagnostic imaging

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain tools and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Medical staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Managers and staff investigated discrepancies and implemented local changes to improve care and monitored the improvement over time. The service conducted an x-ray image quality audit which monitored the accuracy of radiological reports and image quality. The results for the period June 2021 to March 2022 showed 96% to 98% compliance of image quality standards. The service conducted a double reporting audit for CT and MRI scan reports, this involved radiologists reviewing the other radiologists' diagnosis to check if there was any significant deviation in findings. Results for June 2021 to May 2022 showed there were no clinically significant deviations in opinion between radiologists.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. The diagnostic imaging department had identified leads who supported the learning and development needs of staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. All staff we spoke with told us that they felt supported in relation to their learning and educational needs. Radiographer staff were provided with internal and external training to allow them to be competent in working on all imaging modalities. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Good

Diagnostic imaging

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. Radiologist staff attended a variety of MDT meetings. Radiographer staff did not routinely attend MDT meetings; however, staff were welcome to join for learning and to provide opinions on relevant patient cases. Patients could see all the health professionals involved in their care at one-stop clinics. Staff worked across health care disciplines and with other agencies when required to care for patients.

Seven-day services

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

The service was available Monday to Friday, on-call support was available for diagnostic imaging out of hours and on weekends. Staff could call for support from doctors and other disciplines, including mental health services.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic imaging caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient

and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service had a chaperone policy and the service was advertised to patients. The service conducted a regular patient feedback survey, results varied between 70% and 82% of patients extremely likely to recommend the diagnostic imaging department to friends and family in the period between January 2022 to May 2022. Results from the feedback survey showed that between 94% to 98% of patients felt they were treated with respect and dignity.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. Patients that were required to self-pay for services were provided with written instructions on fees and payment methods. Support was available to patients who wished to discuss payment. Results from the feedback survey showed 62% to 66% of patients were provided with information about diagnostic imaging costs associated with their outpatient appointment in the period of January 2022 to May 2022. These results were below the hospital target of 90%, however managers demonstrated that the service was using these results to improve the patient journey. Staff we spoke with regarding this showed understanding and compassion towards patients facing healthcare costs and senior managers told us that they were aiming to make the payment process for patients easier and clearer.

Are Diagnostic imaging responsive?

Good

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

Service delivery to meet the needs of local people

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

Good

Diagnostic imaging

Managers planned and organised services, so they met the changing needs of the local population. International patients were facilitated by a dedicated liaison team run by the provider which helped this patient group with throughout their treatment by providing services such as translation, help with paperwork and accommodation. Facilities and premises were appropriate for the services being delivered. Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia. The service had systems to help care for patients in need of additional support or specialist intervention. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who

did not attend appointments were contacted. The service had a 2% rate of patients that did not attend their appointments in the period of May 2021 to May 2022 this was below the hospital target of 5%. There was an on-call service to see patients out of hours or on weekend if needed. Patients that were administered contrast medium were given a 24-hour phone number to contact for support with any possible side effects.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service was able to procure information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients had access to chaplaincy services that catered towards a wide range of religious beliefs. There was no multi-faith space available in the outpatient building where some of the diagnostic imaging department was located, however staff told us patients were welcome to use the multi-faith space in the main hospital building across the road, alternatively staff were able to provide patients with a room where they would not be disturbed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Diagnostic Imaging patients were able to choose appointment dates and times that suited their needs best. Staff ensured that patients were accommodated as much as possible for their chosen appointment, and data we saw showed that 90% of patients were seen within 14 days of their referral in the period of May 2021 to May 2022. Staff accommodated same-day slots whenever possible. The service had a 36-hour turnaround target for imaging reports. Audit results for the period of May 2021 to May 2022 showed the average report turnaround time to be 34 hours. Reports outside of the target were due to specific radiologists or surgeons being requested to report the image. Managers worked to keep the number of cancelled appointments to a minimum. If patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Learning from complaints and concerns

Good

Diagnostic imaging

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The escalated complaints to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) if a patient was dissatisfied with the service's response to a complaint. The service followed the ISCAS code of complaint management. There was a total of 29 complaints related to diagnostic imaging in the period of May 2021 to May 2022, out of these nine were formal and 20 were informal. No complaints were escalated to ISCAS. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Are Diagnostic imaging well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

There was a clear management structure which was made available to staff. The imaging service manager, superintendent radiographers and the PACS manager reported to the head of clinical service who in turn reported to the director of operations. Senior hospital-wide leaders were frequent visitors to the site and were easily accessible to local staff. Senior leaders had a strong understanding of the day-to-day issues at the service. Staff spoke positively of senior and local leaders and those leaders expressed confidence in the people who they managed. Staff were supported to develop into senior roles, with several examples of successful internal promotion apparent during our inspection.

Vision and Strategy

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

The departmental strategy aligned with the hospital wide business strategy, patient experience strategy and the hospital wide cancer strategy. Progress against departmental goals were discussed regularly in meetings between service leads and the director of operations. The service had a high cost equipment replacement programme which outlined the life cycle of imaging and physiology equipment and replacement strategy.

Good

Diagnostic imaging

Culture

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

Staff we met were welcoming, friendly and helpful. Staff expressed positive job satisfaction and it was clear from talking to staff that there was a good working relationship between different staffing groups. Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. Training and development of staff was a key feature of the service's strategy over the next year. There was good team working amongst staff of all levels. Staff felt confident raising concerns to managers and appropriate action would be taken. There were value statement posters on display. The hospital values were patient and staff well-being focussed and were used to guide appraisal conversations. Staff had access to mental health support and Freedom to Speak Up champions across the hospital, to support staff wellbeing and raising patient safety concerns confidentially. There was a wellbeing, diversity and inclusion committee which reported into the employee experience committee which in turn reported to the executive committee. We saw evidence that staff networks had been established for the LGBTQ+, BAME and disability communities.

Governance

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

There was a clear governance structure in place. There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality and risk. There was strong guidance on the scope and responsibilities of each committee and how they interacted with each other.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practicing privileges.

All staff were invited to attend the regularly held complaints, litigation, information, patient feedback and advice (CLIPA) meetings which were chaired by a senior manager. These meetings were designed to share learning and encourage staff to ask questions regarding complaints, litigation, incidents patient feedback and audits.

The diagnostic imaging department held regular radiation protection committee meetings. These meetings were attended by all relevant staff including the radiation protection advisor and medical physics expert. The radiation protection advisor and medical physics expert were provided by an external third party, however staff were able to contact them at any time through email or telephone.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Good

Diagnostic imaging

There was an overall hospital level risk register which included all risks to the service. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were regularly reviewed. The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The health and safety representative and service leads carried out regular walkarounds to ensure there were no new environmental risks.

An annual audit program ensured performance was monitored and managed consistently. Diagnostic imaging staff participated in local audits, with the resulting information shared amongst staff to promote improvement.

Departmental performance was reported to the board on a quarterly basis. Reporting was based on monthly performance targets across all imaging modalities.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

The hospital operated a mixture of digital and paper-based systems. The hospital had an interim director of IT in place to organise the digital strategy and oversee the installation of appropriate IT systems for the hospital. The information systems that were being used at the time of the inspection were secure. There was a clear vision to further improve integration and utilisation of the IT software systems. Information governance training was part of the annual mandatory training requirement for all staff working at the service.

Engagement

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

Surveys and feedback questionnaires showed the department and hospital engaged with patients and that changes were made to services according to patient feedback. Examples of change included; the hospital changing the way it presented pricing and billing information after patient feedback suggested this was not always clear. Another example included the changing the type of hospital gown used in the imaging department. There was also the involvement of patients following complaints or incidents and an active patient experience committee.

The hospital carried out a short staff survey in August 2021 which identified two main areas for improvement; improving communications and increasing visibility of senior staff. We saw evidence of a detailed action plan to address staff feedback. At the time of the inspection the hospital was in the process of conducting a detailed staff survey, therefore the results were not available for us to see at the time.

We were provided numerous examples of staff well-being initiatives the hospital had undertaken as outlined in the wellbeing document for the period of June 2021 to May 2022. Some of the examples included; monthly staff recognition awards, refurbishment of staff break areas, launch of on-line staff leaving survey, free on-line GP service, free musculoskeletal self-referral scheme, mental health support, complimentary therapy sessions and free meals during shifts.

Good

Diagnostic imaging

There was an employee experience committee which was launched due to feedback from staff and focussed on engagement, wellbeing, diversity, inclusion and wellness. Staff were also able to provide feedback to senior managers during regular engagement sessions such as the monthly breakfast event with the chief executive officer or the monthly afternoon tea session with the chief nursing officer.

Learning, continuous improvement and innovation

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

Improvement and innovation were driven at a hospital wide level and staff we spoke with were passionate about driving improvement and felt positive about working in an environment which promoted innovation. Staff said they were encouraged to present ways to work which improved the patient experience.

A departmental example of innovation was the introduction of the video MRI safety video and questionnaire. This allowed patients and visitors to become familiar with the MRI area and scanning process allowing for an easier patient journey with reduced risk.

Good

Surgery

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

Are Surgery safe?

Good

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

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. 94% of staff had completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, sepsis, sepsis in adults, safeguarding children and adults, health and safety, fire safety, risk assessments, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Managers monitored mandatory training and staff received alerts when training needed to be refreshed. Doctors, nurses and healthcare assistants were required to complete annual refreshers and demonstrate their competency where necessary. Staff we spoke with told us they received an email reminding them to complete mandatory training and they were also reminded at staff meetings. Staff we spoke with told us they had enough time to complete their mandatory training.

Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy.

Safeguarding

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

Good

Surgery

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Staff received safeguarding adults training to level three (93%) and safeguarding children to level two (98%). The service had a safeguard lead trained to level 4 who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment were provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The hospital's mandatory training included a PREVENT module to help staff identify patients and find ways to prevent people being drawn into terrorist or extremist groups and/or activity. Records showed there was 83% completion of this training.

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

The hospital had an up-to-date chaperone policy.

There was one safeguarding incident in the previous 12 months. Records showed the incident was investigated and reported in line with the safeguarding policy. The hospital completed a safeguarding review and shared the lessons learnt with staff at the complaints, legal, incidents, patient feedback and audit meeting (CLIPA).

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All ward and theatres we visited were clean and had suitable furnishings which were clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. Store areas were tidy and free from clutter. We observed cleaners attending to hight traffic areas and 'touch points' during our inspection and we saw clinical staff cleaning couches and equipment after each patient.

All other equipment was cleaned after patient contact. Items were visibly clean and dust-free and we saw a daily cleaning check list.

Good

Surgery

The service consistently performed well for cleanliness. There were regular infection prevention and control (IPC), hand hygiene, bare below the elbows, personal protective equipment, ward and theatre cleaning audits. The hospital performed consistently to a high standard.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The hospital completed daily cleaning checklists for the ward and theatre. All public areas had cleaning schedules. We reviewed a sample of checklists which were up-to-date.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. Hand-washing and sanitising facilities were available for staff and visitors.

Records showed there were no staphylococcus aureus (MRSA), methicillin-susceptible Staphylococcus Aureus (MSSA) or clostridium difficile in the previous 12 months. The hospital had one case of Escherichia coli (E. coli) infection in the 12 months prior to the inspection. The hospital carried out a post infection review to determine the possible cause of the infection and to ensure and infection control precautions were adhered to.

The hospital worked effectively to prevent surgical site infections (SSI). Two of the theatres had a laminar flow system, which circulate filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. The ventilation system within theatres had been regularly checked for bacteria.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. The wards and theatres were designed to allow a good flow between the ward, theatre and recovery areas. Staff had a view of the rooms from the nurse's station. There were individual rooms and patient privacy was maintained at all times.

One of the strategic objectives for 2022 to 2023 was the continued redevelopment of the hospital. An abbreviated patient-led assessments of the care environment (PLACE) was undertaken in February 2022. Records showed an area of improvement identified was updating of the facilities. The hospital was in the process of completing a redevelopment programme of all three wards and common areas, all bedrooms and the mechanical and electrical infrastructure of the entire hospital.

The service had undertaken a Legionella, fire and health and safety risk assessments. Records showed the action plans had been completed to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. The ward and theatres were equipped with enough monitoring equipment for the number of patients treated. Staff carried out checks on equipment such as the resuscitation trolley, emergency call bells and fridge temperatures. Resuscitation equipment was located on a

purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. Staff carried out a monthly audit of the resuscitation equipment to ensure it was present and within date and results showed the service performed consistently to a high standard.

The ward and theatre areas were well equipped and faulty or damaged equipment was repaired or replaced quickly. Equipment logs recorded that equipment used was serviced within appropriate time frames. Stock and equipment, including disposable instruments, was well managed and recorded.

Theatres had a difficult intubation and a cardiac arrest trolley appropriately sited in accordance with the hospital policy.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

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

Staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-operative assessment process that was used for all patients. The hospital had a robust process for assessing patients prior to admission. Patients had a pre-operative assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

Patients with complex co-morbidities would not routinely be admitted for treatment. Admission exceptions were only considered on the presentation of all relevant clinical evidence, a risk assessment and the mitigation of risk and with the agreement from all parties involved in the care of the patient. If there were any risks identified these were discussed by the treating clinicians. Staff gave patients detailed advice after each procedure.

Patients were tested for methicillin-resistant Staphylococcus aureus (MRSA) prior to admission in line with hospital policy.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used the 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. From December 2021 to April 2022 an audit of the WHO Surgical Safety Checklist found 98% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The hospital had procedures for the recognition and management of sepsis and staff described how they would identify a deteriorating patient. Staff completed training on sepsis (91%). An audit of sepsis care in November 2021 found 100% compliance with the service's procedure. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From October 2021 to April 2022 the NEWS2 audit found 98% compliance.

Staff knew about and dealt with any specific risk issues. Under the safer surgery monitoring staff reported any pressure ulcers, venous thromboembolism (VTE) and catheter associated infections.

Good

Surgery

The service had a deteriorating patient policy where patients would be referred to another nearby hospital if specialised care was required which the hospital did not provide. There was a service level agreement in place and there were no reported transfers in the previous 12 months. All staff were trained in basic life support, immediate life support and advanced life support (100%). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. Clinicians wrote to the patient's general practitioner after gaining the patient's consent.

Patients were followed up by telephone after their surgery to check on their progress and to answer any questions they may have.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The surgical nursing team included a lead theatre nurse, a lead ward nurse, scrub nurses and ward nurses. A senior nurse was always on shift when the service was in operation. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift, on the ward and in theatres, could be pre-determined. Staff levels reflected demand on the service and known treatment support needs.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The staff to patient ratio requirement was calculated in line with a national safer staffing guidance. The hospital ratio for nurse to patient was 1:4.5. Additionally, a duty manager, a nurse in charge and HCA were available on each shift. The service monitored the staffing ratio at several points throughout the course of the day to ensure it provided safe and responsive care.

The service had recruited clinical nurse specialists in colorectal, urology, gynaecology, breast and orthopeadics specialisms to support nurses on the wards and provide support to consultants.

All staff had a period of induction, and supervision where required, on commencing work at the hospital. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The hospital reviewed staff absence and recruitment and retention information

Medical staffing

The service had enough medical staff to keep patients safe. There were 189 consultant doctors working under practicing privileges. Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the Medical Advisory Committee which reviewed and approved the scope of practice submitted by an applicant. The service monitored compliance with the practicing privileges policy.

Good

Surgery

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. This included arrangements for anaesthetists. The hospital had three registered medical officers (RMO) covered the day-to-day care of patients on the ward. The service had an RMO and critical care fellow on duty 24 hours a day, seven days a week.

Anaesthetists were available including for emergency surgeries.

Records

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

Patient notes were comprehensive and all staff could access them easily. The service used paper-based records, to document patient information securely. Diagnostic images could be viewed electronically. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required.

We viewed 12 patient care records, which contained the patient's consent form, written theatre record including observations and discharge information. Records we reviewed were completed appropriately.

Records were stored securely. Paper records were stored securely in a locked cabinet when not in use. Staff completed training in information governance and cyber security.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed best practice when prescribing, administering, recording and storing medicines. The hospital had a medicines management policy, which ensured staff practices were in line with national guidance.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards away from the patient areas. Medicine fridge temperatures had been checked and logged appropriately.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about the medicines prescribed ahead of their surgery, if the prescription was already known, or post-surgery. Staff told us a revised procedure had been implemented to provide more pain management advice at the pre-operative assessment stage and this was based on patient feedback.

Staff completed medicines records accurately and kept them up-to-date. Records we checked showed allergies were recorded where necessary and entries were complete. The hospital completed several audits to ensure staff followed best practice guidelines. An antimicrobial audit was completed to assess if patients were given the correct medicine, dosage, time and for the correct duration. Records showed that from November 2021 to April 2022 the service achieved 98% compliance.

The pharmacy team completed a drug administration audit to check if patients received the correct doses of medicines at the correct time. Records showed that between March 2021 to March 2022 the hospital was 100% compliant with the drug administration policy.

Good

Surgery

The hospital reviewed prescribing to confirm that it met good prescribing standards including oxygen and pain management. Records showed that in February 2022 improvements were required to ensure non-emergency oxygen was prescribed consistently and saturation levels recorded at all times.

Controlled medicines were regularly reviewed and audited to ensure the hospital complies with the standard operating procedures and regulations. The hospital completed audits of medicines information transfer during discharge and medicines management. Records showed that the service performed consistently to a high standard.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The hospital had an open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the hospital was very proactive in encouraging staff to record incidents on the incident reporting system. Staff said they were encouraged to report 'near miss' situations.

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents reported in the previous 12 months and found they were reported and investigated in line with the service's procedure. For each incident the actions taken, and lessons learned were recorded.

The service had no never events on any wards. Records provided by the hospital show there were no never events of serious injury incidents in the previous 12 months. Most of the incidents were categorised as low or no harm. There were two serious incidents which was reviewed, and the learning shared with staff at the subsequent complaints, legal, incidents, patient feedback and audit meeting (CLIPA) meeting.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff gave an example of an incident where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. For example, the service developed a more comprehensive discharge booklet with input from the patient participation group. This was in response to the patients request for more information about going home.

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and had plans to share it with staff, patients and visitors.

The service continually monitored safety performance through the safer surgery monitoring dashboard. The hospital reviewed monthly data for pressure ulcers, patient falls, venous thromboembolism (VTE) and catheter associated urinary tract infections.

Are Surgery effective?

Good

Surgery

Good

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Hospital policies we reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with national guidance such as the National Institute of Clinical Excellence (NICE) and the Resuscitation Council. The audit and compliance lead and the medical director reviewed any changes in guidelines before delegating to the clinical leads for implementation.

Consultants provided care and treatment in line with their clinical specialty, including that issued by NICE and the royal colleges. The hospital had clear standard operating procedures (SOPs) and established pathways and staff knew how to access the documents.

The service consistently reviewed it performance and compliance with policies and procedures through a series of audits including cleanliness, the environment, WHO surgical checklist and consent. The results showed a high level of compliance against recorded measures. Staff implemented an action plan when an audit identified compliance of less than 100%.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. The hospital had an independent mental health advocate and there was a service level agreement with a consultant psychiatrist.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. The hospital used the malnutrition universal screening tool (MUST). This is a five- step-screening tool to identify possible risks of malnutrition. Staff assessed patients' nutritional status daily.

Patients waiting to have surgery were not left nil by mouth for long periods. The pre-operative assessment staff discussed the length of time a patient needed to fast prior to their operation and ensured patients understood their 'nil by mouth' regime for fluids and food.

Good

Surgery

Following surgery patients had effective management of nausea and vomiting. Patients were prescribed anti-sickness medication if required.

Staff told us the hospital was able to cater for patients religious and cultural needs. This information would be shared with the catering staff following the pre-operative assessment. Patients had access to a wide range of food and drinks and meals were prepared by an onsite chef.

Specialist support from staff such as dietitians were available for patients who needed it. The service had access to a dietitian through a service-level agreement (SLA) with a nearby hospital.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff discussed effective pain control and analgesia with each patient at pre-operative assessment appointments. Staff informed patients about what pain and what analgesia to expect post-operatively.

Staff completed a comprehensive assessment of post-operative pain on the ward and this was done in a consistent manner using pain assessment tools. Patients who reported pain had analgesia offered, explained and administered in a timely and efficient manner.

Patients received pain relief soon after requesting it. Patients said they did not have to wait long for their pain relief.

Staff prescribed, administered and recorded pain relief accurately. We saw this was recorded on the patient's prescription charts.

Patient outcomes

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

The service participated in relevant national clinical audits. The hospital contributed to relevant national audits including the National Joint Registry (NJR), Patient Related Outcome Measures (PROMS), Public Health England |(PHE) surgical site infection surveillance and Patient-led Assessment of Care Environment (PLACE). The completion of the PLACE audit was affected by the COVID-19 pandemic and staff carried out an abbreviated version of the audit. The hospital used audits to benchmark their service against other similar services and develop plans for improvement.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The hospital sent data to the National Joint Registry (NJR) which records, monitors, analyses and reports on performance outcomes in joint replacement surgery. The hospital compared themselves against national data which showed favourable performance.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic application to submit audit information which allowed specific standards to be monitored. The

hospital monitored mortality and morbidity, complication rates, length of stay and ward-based care. the mortality rate for each surgical speciality and there was one recorded death for a high-risk surgery in October 2021. The overall post-surgery complication rate was 4.4% and nearly all readmissions were planned. There were two readmissions related to post surgery complications in the previous 12 months.

Managers and staff used the results to improve patients' outcomes. Staff completed clinical audits on the ward such as peripheral intravenous care and urinary catheter care and gave staff additional training.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital undertook regular reviews of staff competencies through a programme of self-assessment and appraisals including clinical skills.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about the experience and said managers and clinical leads were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 92%. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee.

There was an effective process for validating and monitoring the credentials of any consultant or health professional with practising privileges working within the hospital.

Managers made sure staff received any specialist training for their role. Staff completed advanced training in prescribing, advanced assessment skills for non-medical practitioners and advanced nursing practitioners.

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

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff held regular and effective multidisciplinary team meetings (MDT) to discuss patients and improve their care. Consultants and nurses worked with this team to plan and deliver seamless treatment pathways. There was a daily meeting on the wards which provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action.

Good

Surgery

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff said they could raise concerns or ask for advice from consultants at any time and they worked well together to ensure that the patient was given the best care. There were effective MDT working between the physiotherapists and other health professionals involved with patients undergoing joint replacement surgery. The team worked together to prepare patients for what to expect post-operatively and when they returned home.

Staff held MDT meetings if a patient needed a full joint replacement to discuss the diagnosis and the most appropriate treatment plan. These meeting were attended by the musculoskeletal director, consultants, two radiologists, clinical nurse specialist and physiotherapist. The hospital also held MDT meetings for all cancer surgery including urology, colorectal, gynaecology, colposcopy and skin cancer. Their performance was monitored by the cancer board which met on a quarterly basis.

Seven-day services

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

Patients were admitted under the care of named consultants who visited them daily whilst they were admitted. A registered medical officer was available 24-hours a day, seven days a week.

The hospital carried out elective operations mainly between Monday and Saturday. Theatres operated between 7am and 9pm Monday to Friday, 8am until 2pm on a Saturday, and as and when required on a Sunday.

Physiotherapists offered services from 9am to 5pm seven days a week. The hospital provided a pharmacy dispensing service six days a week 9.30am and 5pm. There was a formal arrangement for out of hours advice.

There was an on-call radiographer and diagnostic imaging services were available 24 hours a day, seven days a week.

Dietitian and speech and language services were available via service-level agreement with another local hospital.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff had individual conversations about diet and health promotion after procedures. Staff provided information on lifestyle choices which might relieve patients' symptoms. We saw examples of patient information leaflets such as smoking and alcohol intake.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Good

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms and records showed signed consent forms were documented in the patient's records.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment. Staff audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence. Staff we spoke with understood how to complete a capacity assessment.

Are Surgery caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff treating patients with respect and dignity. Staff knocked on doors before entering a room and introducing themselves to patients.

Patients said staff treated them well and with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. The service completed a comprehensive patient satisfaction survey. Patients were asked about their experience of admissions, nursing care, accommodation, catering, discharge and their consultant. In May 2022 96% of patients said they would recommend the service, 98% rated nursing care as good or better and 99% had confidence the consultant would deliver appropriate care.

Patients gave positive feedback about the service. Patients said they had "first class care and surgery experience", "staff were sensitive in a difficult time", "great care and support" and "staff showed empathy and kindness."

Staff followed policy to keep patient care and treatment confidential. We noted that doors were kept closed when patients were being attended to and that all patient records were stored securely. In May 2022 98% of patients said they were treated with respect and dignity.

Emotional support

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

Good

Surgery

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. Staff assessed patients social, psychological or religious needs at pre-operative assessment and noted on patients records so that any adjustments could be made ahead of admission. There was a strong focus on patient centred care with a holistic assessment of patient needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety associated with the procedures and supported patients as much as possible.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patient leaflets were available to provide information about treatment and staff explained what to expect whilst in hospital and on discharge.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their treatment.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way patients could understand. Results from the patient satisfaction survey in May 2022 showed 97% of patients received information on their treatment in a way they could understand. Patients said they had sufficient time with the consultant (90%) and they were able to ask questions.

Are Surgery responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Good

Surgery

The services are flexible, provide informed choice and ensure continuity of care. Managers planned and organised services, so they met the changing needs of the people who use the service. Surgeries were performed six days a week and appointments were scheduled at a time to meet the needs of the patient group. The service did not operate a waiting list. Staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the service in a timely manner.

Facilities and premises were appropriate for the services being delivered. The facilities were designed to ensure a seamless patient flow. The theatres had an anaesthetic room, preparation room and scrub area. The wards had individual rooms with ensuite facilities. There were height adjustable beds and other equipment to meet the needs of patients. Patients could reach call bells and staff responded quickly when called.

Managers monitored and took action to minimise cancelled appointments. Staff said the hospital monitored cancelled appointments. Appointments cancelled by patients were 6% of all appointments in the previous 12 months. Cancelled appointments were monitored and reviewed and patients followed up to ensure there were no concerns or serious clinical implications. Staff told us cancelled appointments were mainly due to COVID-19 disruptions and patients not being fit for surgery.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service had a dementia and learning disability champion. There were no patients on the ward with additional needs at the time of our inspection, but staff understood the adjustments that may be required to assist patients.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked where patients had needs in relation to language, hearing, sight and mobility. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patients using a hearing aid.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients' dietary requirements were checked at the pre-operative assessment stage so that these could be catered for without delay. Patients could speak with staff if they had any special dietary requirements.

The service had an up to date equality and diversity policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to people with protected characteristics. All staff undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Access and flow

Good

Surgery

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

There were no waiting lists for the service and staff worked together to facilitate rapid access to services. Patients were offered the first available appointment and they booked the time that was most convenient for them. There was a comprehensive pre-operative assessment which ensured - patients were fit for surgery and reduced delays to their treatment pathway.

Managers and staff worked to make sure that they started discharge planning as early as possible. Discharge planning was a core part of the pre-operative assessment, which included any physiotherapy needs as well as any equipment or community support requirements. Patients we spoke with confirmed they completed a pre-operative assessment.

Managers worked to keep the number of cancelled operations to a minimum. The service cancelled 30 surgeries in the previous 12 months which was 0.5% of all surgeries. When patients had their admissions cancelled, staff ensured they were rearranged as soon as possible. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible.

Managers monitored patient transfers and followed national standards.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint leaflet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. From May 2021 to April 2022 the service received 31 complaints. Records showed the complaints were reported and investigated in line with the service's complaints procedure. Staff could give examples of how they used patient feedback to improve the service. For example, the service introduced an acute pain management study day for all clinical staff to ensure that patient experiences and expectations for pain management were met.

Are Surgery well-led?

Outstanding ☆

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

Good

Surgery

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.

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The service had an established management structure which showed that the theatre manager was lined managed by the director of operation with professional accountability to the director of nursing. The structure showed that the inpatient nurse manager who was supported by the head of nursing. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

We found all managers had the skills, knowledge and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff, adequate staffing levels to match the increase in activity and the impact of COVID - 19.

The leadership team demonstrated an understanding of local and national priorities and responded accordingly. An example of this was the response to the COVID-19 pandemic and the way the hospital adapted to keep patients and staff safe.

There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles. We saw examples of staff development for example, the matron was promoted to the director of nursing. The hospital supported the director of nursing to complete a master's degree as a part of progression to assume a more senior role.

The hospital provided funding for nurses to complete postgraduate training. There were several nurses on various master's programmes and nurses had undertaken additional training in prescribing and clinical assessment as part of advance nurse practitioner pathway. There were plans to appoint additional deputies in key management roles to assist managers and develop their management skills for succession planning. An example of this was new clinical leadership roles such as a deputy theatre manager and two additional ward managers.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

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

The hospital had a clear vision and strategy. The vision was, "to be the leading private hospital in the UK".

Good

Surgery

The core set of values included professionalism which entails acting with integrity, accountability and continued learning; safety including fostering a learning culture, freedom to speak up and transparency; quality which involves innovation, listening to and acting on feedback, measuring outcome and informing action; respect which embodies compassion, dignity and honesty and teamwork which is collaborative fair and open.

Staff we spoke with understood the vision and values of the service and how it had set out to achieve them.

Plans were consistently implemented and had a positive impact on quality and sustainability of services. The ward and theatres had strategies which were linked to the hospital's overall strategy. The theatre strategy was to provide safe effective high-quality care to patients through excellent communication, teamwork and consistent best practice.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The strategy had clear goals and objectives which were used to measure its success. It was developed through engagement with staff and senior staff members. Quality measures included patient experience, clinical outcomes, staff engagement recruitment, retention and development.

The service had a statement of purpose which outlined to patients the standards of care and support services the service would provide.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

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.

Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing walk around the service every day. We observed during the walk around the director of nursing knew each member of the team by name and knew their roles.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic including redeployment to an NHS hospital.

There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. The hospital had a diverse workforce. Staff were proud of the hospital as a place to work and speak highly of the culture. They enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

The hospital encouraged health care assistants to complete additional training and provided funding. The service provided opportunities for staff development. For example, two health care assistants (HCA) were undertaking theatre training at a university.

Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The service had a Freedom to Speak Up Guardian who was readily available for staff. All staff we

spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong. The hospital created a learning environment so staff could learn from feedback, incidents and complaints. Staff were proficient at recording incidents and 'near miss' situations and learning from them.

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. All managers worked collaboratively to improve patients experience throughout the entire organisation. The service used a range of different methods to ensure they received effective feedback and acted upon it. Patients told us they were very happy with the services provided and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Staff had access to counselling services. The service had increased the well-being facilities for staff during the pandemic including free confidential counselling which was available 24-hours per day.

Governance

Leaders operated effective governance processes throughout the service. 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.

Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. There was a board of trustees with committees which provided information to the board including the audit, risk and assurance, quality and safety, finance and investment committees. Sub-committees were those for infection prevention and control, health and safety, integrated governance committee and the decision-making group. Information was filtered up from various other committees such as the ethics and medical advisory committee. The monthly service line group meetings provided data to different sub committees.

The medical advisory committee (MAC) represented the professional views of medical practitioners and advised the senior leaders on medical policy and standards. The MAC reviewed the clinical performance of staff who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the hospital's senior management team.

There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These incorporated cost efficiency and effectiveness, clinical key performance indicators, information governance, medical devices safety, patient experience and patients with additional needs meeting.

The surgery service had a nursing and allied health professionals key performance indicators (KPI) and assurance committee, theatre, ward, pharmacy, physiotherapy, recovery and anaesthetic meetings. This was in addition to inpatient

quality work stream, and therapies quality work stream. The service evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. Staff discussed the sustainability of the service, future developments such as new services and procedures, the level of activity and quality assurance data. Staff had the opportunity to discuss changes they wanted to implement.

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators. The senior management team ensured qualitative and quantitative were monitored, reviewed and reported.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed in different management and staff meetings.

The manager told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a demonstrated commitment to best practice performance and risk management systems and processes. There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a comprehensive list of audits and risk assessments that were completed on a regular basis. Staff understood the risk management strategy and actively contributed to it.

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had key performance indicators (KPI's) in relation to quality, performance, human resources and finance which were regularly reviewed. The service continuously monitored safety performance through the hospital's assurance monitoring tool. These outcomes were discussed at regular management, governance and staff meetings.

There was a risk management strategy, setting out a system for continuous risk management. The service had a comprehensive risk register which showed the actions taken to mitigate risks. Examples of risks included the management of discharge medication, managing patient falls and safe staffing levels.

Risks were identified and addressed quickly and openly. Staff identified the risk of medical equipment servicing and compliance and processes were reinforced to ensure equipment was checked and serviced within the required timescales. Staff discussed the risks to the service at each quality and safety board meeting and committee members considered any other risks in their department.

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

Information Management

Good

Surgery

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

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including complaints, mandatory training and audits.

There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff we were with were able to demonstrate the use of the system and retrieve information.

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

There were arrangements to ensure data or notifications were submitted to external bodies as required. Staff regularly submitted data to the National Joint Registry (NJR), Patient Related Outcome Measures (PROMS), Public Health England |(PHE) surgical site infection surveillance and Patient-led Assessment of Care Environment (PLACE).

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements. The hospital engaged with patients through patient attendance at the patient participation group, patient experience group and the quality, safety committee, environmental reviews, evaluation of new facilities, policy review and patient information, Edwards award nomination panel and the quality committee. Patients were also included on some interview panels during the recruitment process.

Staff actively sought patient feedback and patients provided this through emails and surveys. Staff acted on patient feedback for example, developing a more comprehensive information leaflet for patients who were being discharged. The leaflet provided patients with information on medication, physiotherapy and wound care and dressings.

In August 2021 the hospital completed a staff survey and it identified two main areas of focus for improvement which were improving communication and increasing the visibility of senior leaders. An action plan was developed, and changes implemented including improved communication channels and establishing the employee experience group. In 2021 the service increased the awareness of wellness and wellbeing benefits for staff such as mental health first aiders, counselling, employee assistance, GP services at work and a wellbeing application.

The hospital had a charity in support of veterans' health. The hospital developed a pain management programme for veterans working in collaboration with a number of aligned veterans' charities, to ensure all organisations could benefit from the programme.

Good

Surgery

The hospital appointed a dedicated GP and referrer and engagement lead to form alliances with local GPs.

Staff gave examples of working with two NHS hospitals to provide cancer treatment for patients during the COVID-19 pandemic. During this period 1200 NHS patients received treatment at the hospital.

Learning, continuous improvement and innovation

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

Staff participated in research projects such as a hip arthroplasty study and pain management. Several research papers were published on completion of the pain management study. Nursing staff completed research projects as a part of their postgraduate training in areas such as nursing leadership and prescribing.

The hospital received an award from the National Joint Registry in 2021 for quality data provision. The hospital also received a national health and social care award for innovation, management and nursing excellence.

The hospital was in the process of a digital transformation with one of the final objectives being fully computerised patient care records. The service developed a standalone digital information technology strategy to enable this and implementation had commenced.

The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow that was required. The quality improvement initiatives included those in response to feedback from both patients and staff including single use blood pressure cuffs and trialling patient pre-warming bear hugger gowns.

Good

Outpatients

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

Are Outpatients safe?

Good

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

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing, allied health care professionals and medical staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. For all staff across the service, the compliance rate with mandatory training modules ranged between 86% and 100%. Staff received training in sepsis management and the compliance rate with sepsis training was 93%. Managers monitored mandatory training and alerted staff when they needed to update their training. Managers assessed an electronic system that monitored staff completion rates of mandatory training. As the majority of medical staff also had NHS contracts, any mandatory training was undertaken in their parent organisation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, staff had a variable understanding of dealing with children accompanying a patient.

Staff received training specific for their role on how to recognise and report abuse. The most recent figures showed that 100% of eligible staff had completed their adult safeguarding level two and three training and 100% of eligible staff had completed child safeguarding level two training.

Managers could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

However, staff had a variable understanding of safe procedures to follow for children accompanying a patient attending the outpatient department. Some staff told us that children were not allowed to attend at all, some staff said that children can accompany their parent for a consultation but not for a procedure, other staff said that they will seek advice from the manager and it depends on the consultant if they allow it.

The service had up-to-date policies for safeguarding children and vulnerable adults. Staff could explain how to raise a safeguarding incident using the department's incident reporting system. Staff knew what actions they would take if they had concerns. The department made zero safeguarding referrals in the last 12 months.

There were chaperone signs throughout the outpatient department advising how to access a chaperone should patients wish to do so. Staff in the outpatient department undertaking chaperoning were staff nurses and health care assistants. All staff were aware of the chaperone policy.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All areas in the outpatient department were visibly clean. The waiting areas and clinic rooms had chairs made with wipeable material to promote effective cleaning.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were 'bare below the elbows' which enabled effective hand washing and all staff cleaned their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". We saw posters reminding staff of these five moments. Main receptionists screened patients for COVID-19 symptoms verbally and complementary face masks and hand sanitising gel were available for patients arriving.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The hospital used "I am clean" stickers to indicate when patient equipment had last been cleaned and was ready for use by another patient. Staff conducted regular audits of all areas which checked compliance against the hospital's policy for cleanliness, infection control and environmental maintenance. A range of audits indicated good compliance with infection prevention and control policies and procedures, with appropriate actions taken where any issues or omissions were identified. Between April 2021 and May 2022, the department reported zero cases of MRSA and Clostridium difficile.

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.

Staff carried out daily safety checks of specialist equipment. An external company maintained and serviced equipment through an annual contract. During our inspection, we saw resuscitation trolleys were available in all the areas we inspected and contained emergency equipment and medicine, available and fit for purpose. Emergency alarms were fitted in all consulting rooms.

The service had enough suitable equipment to help them safely care for patients. Equipment had electric service testing stickers clearly visible, indicating to staff when equipment had last been serviced and that it remained appropriate to use.

The outpatient department was a newly refurbished building on four floors that opened in January 2022. Each floor layout was identical and allocated to a specific speciality. Each floor had a waiting area. The main waiting area on the ground floor was in full sight of the reception desk with chairs socially distanced and a TV operating advertising material for the provider. The waiting area had a coffee and water machine available for patients. The physiotherapy department and the hydrotherapy pool were in the main hospital building across the road. The therapies department was spacious, with a waiting area offering hot and cold refreshments. The main gym contained curtained cubicles, gym equipment and an adjacent water pool with a hoist. The hydrotherapy pool in the therapies department was maintained by the hospital's estates department, along with an external service contractor for the pumps and filters. The water quality was tested weekly by an external contractor. Chlorine and pH levels were tested daily according to hospital policy. The estates department arranged six-monthly service days, where all equipment was serviced and the pool was deep cleaned by hospital housekeeping staff.

Staff disposed of clinical waste safely. The service had arrangements in place for the handling, storage and disposal of domestic and clinical waste and sharps. We saw clinical and non-clinical waste was segregated into colour coded bags and sharp objects were deposited in sharps bins.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. All staff knew how to identify and manage deteriorating patients. All clinical rooms were equipped with emergency call system. All staff we spoke with knew the crash call process and knew what actions to take and who to escalate their concerns to. Staff had training in immediate life support which included basic life support training to ensure they had the skills to help a deteriorating patient. Staff had access to a resident medical officer (RMO) on site to respond to any sudden deterioration episode.

Booking staff completed risk assessments for each patient before their arrival at the department. Staff knew in advance which patients were attending the department. Patients needing extra help were identified during the booking of their appointment. This included mobility, sight and hearing requirements. The reception staff were able to monitor patients in the waiting room. Patients felt comfortable and knew they could approach reception if they needed help.

Staff assessed risks associated with minor procedures in the department. Data submitted showed most common minor procedures were related to trauma and orthopaedics. Staff completed the World Health Organisation (WHO) surgical checklists and we saw these were completed fully in all 10 records we reviewed. Between January 20022 and April 2022, the outpatient minor procedure pathway audit showed compliance ranged between 83% and 98%.

Staff responded promptly to any sudden deterioration in a patient's health. All staff knew how to identify and manage deteriorating patients. Alarms were in each consultation room. Staff knew what actions to take and who to escalate their concerns to. There was a hydrotherapy operational policy, which contained contraindications against hydrotherapy pool use. Physiotherapy staff working in the hydrotherapy pool were trained in the hydrotherapy evacuation procedure and hoist use, in case a patient became unwell in the pool.

Good

Outpatients

Staff shared key information to keep patients safe when handing over their care to others. Staff had policies and procedures for the safe admission of patients to the hospital if this was assessed as required. Staff assisted consultants in the processing of referrals to other services in the hospital such as physiotherapy. Shift changes and handovers included all necessary key information to keep patients safe. Staff completed handovers between shifts and discussed arrangements for patients ahead of their appointment where needed.

Nursing Staffing

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

There are no agreed national guidelines as to what constitutes 'safe' nurse staffing levels in outpatient departments. The service had enough nursing and support staff to keep patients safe. Managers felt they had enough staff to keep patients safe. Managers arranged rotas for the department in advance. Staff were positive about how the department was staffed and there was enough staff with the right skill mix to cover clinics so that consultants and patients had suitable members of staff during clinics. Managers attended daily safety huddles at the hospital each morning to report staffing numbers and any difficulties they were experiencing.

In May 2022, the service had a zero vacancy rate for nursing and allied health care assistants (HCAs). Sickness rates for staff were low. The service had a 2% rate for nursing staff and 4% for HCAs. The service had a 22% turnover rate for nursing staff and 15% for HCAs. Between January 2022 and May 2022, there were zero unfilled nursing and HCAs shifts.

The service had clinical nurse specialists (CNS) for each major cancer group, this included the following: breast, fertility, urology, colorectal and orthopaedics.

The manager could adjust staffing levels daily according to the needs of patients. Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift. based on the type and number of clinics running and the number of patients attending. Managers limited their use of bank staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

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 bank, agency and locum staff a full induction.

The service had enough medical staff to keep patients safe. Managers felt they had enough staff to keep patients safe. Managers arranged rotas for the department in advance. Staff were positive about how the department was staffed and there was enough staff with the right skill mix to cover clinics so that consultants and patients had suitable members of staff during clinics. Managers attended daily safety huddles at the hospital each morning to report staffing numbers and any difficulties they were experiencing.

Good

Outpatients

The service offered practicing privileges to consultants. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. Consultants were invited to join the staff at the service following identification of suitability and discussion at the medical advisory committee. There were three resident medical officers (RMOs) that covered the department on a rota basis.

Records

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

All patient records were electronic. Any paper forms were scanned and stored electronically and there were no delays in staff accessing patient records when they were required.

Patient notes were comprehensive, and all staff could access them easily. Consultants fully completed patient records and included details such as clinical assessments, risk assessments, medicine, allergies, and consent. Staff fully completed WHO surgical checklists for minor operations. We reviewed 10 patient records in the outpatient department and found all of them had an adequate diagnosis and treatment plan documented and were signed. The notes were legible and comprehensive. The service carried out monthly audits of documentation across the service and any issues were identified with appropriate actions taken to improve compliance.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Consultants prescribed medicines during clinics. Consultants had a paper-based prescription system when they needed to do this. Staff stored and managed all medicines and prescribing documents safely. Pharmacy arrangements ensured the safe storage of medicines. Managers tracked and safely stored blank prescriptions. Staff kept a record of any medicine prescribed which was put in the patient's notes.

All medicines in the outpatient department were stored securely in locked cupboards in locked rooms, enabling only authorised personnel to enter. There were no controlled drugs stored in the outpatient department. Controlled drugs were prescribed and acquired from the hospital pharmacy if required. All emergency medicines had security tags to prevent tampering. Staff stored medical gases including oxygen and liquid nitrogen correctly. The drug fridges and drug room temperatures were monitored electronically. We saw medicines fridge temperatures were within recommended range during the inspection.

Incidents

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

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff had access to an incident reporting system. Staff showed an understanding of incidents or events that would require reporting. Managers used a clear policy and pathway to guide staff on how to report incidents.

In the 12 months prior to our inspection, staff reported 54 incidents and near misses. All 54 incidents were low, no harm or near misses. Managers categorised incidents to indicate harm that resulted from the event. Senior leaders told us how they would investigate any incident reported as a serious incident (SI) with a root cause analysis investigation undertaken. The department had no never events or serious incidents in the past 12 months.

Staff were able to tell us about incidents such as staff attitude and communication errors that had occurred and staff provided training as a result and processes put into place to remedy this.

Staff understood the duty of candour. They were open and transparent and understood their responsibility to give the patient a full explanation if and when things went wrong. In the 12 months prior to our inspection, there was no incident meeting the threshold of duty of candour to be applied.

Are Outpatients effective?

Inspected but not rated

At present we do not rate effective for outpatient departments.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers used policies related to outpatient care including; safeguarding vulnerable adults, complaints, mental capacity, and infection control. These were up to date with consideration of national guidance from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

Nutrition and hydration

The service provided nutrition and hydration. The service made adjustments for patients' religious, cultural and other needs.

Patients always had access to hot and cold beverages in waiting areas. Biscuits or sandwiches could be obtained for patients if required.

Pain relief

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

Good

Outpatients

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Consultants and staff routinely assessed for pain when it was clinically indicated and during and after minor operations. Consultants discussed pain if it was a risk in the presenting condition and recorded this in the patient notes.

Patients received pain relief soon after requesting it. Consultants managed pain relief while running their clinic. Managers and staff could access pain medication through the pharmacy at the hospital.

Patient outcomes

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

Between September 2021 and May 2022, there were 29357 patients seen and 2118 minor procedures were performed.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time, with an audit and standards committee to monitor completion and compliance. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the hospital.

At the time of the inspection, 94% of staff have completed basic life support (BLS) or intermediate life support (ILS). 100% of staff were trained in paediatric basic life support (PBLS) training.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction programme in place for all newly recruited staff, including a supernumerary period that enabled staff to be familiarised with the service's systems and processes. New staff were positive about their experiences of starting work at the service and the induction process.

Managers undertook yearly appraisals with staff and there were meetings for staff to discuss their development needs. Staff gave positive feedback regarding their development and felt supported. We saw evidence of staff appraisals and according to data provided, appraisal rates were 100% for outpatient staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers and staff said that face to face department meetings occurred monthly. Staff who were unable to attend accessed the most recent meeting minutes in the department office.

Multidisciplinary working

Good

Outpatients

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. These meetings were attended by a variety of staff, with input from specialists where indicated. Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were seen working well together. They described a positive working environment where they felt respected and were able to raise concerns with their colleagues and managers if they needed to.

The breast unit offered one-stop clinics where patients could see all the health professionals involved in their care. The breast unit held monthly multidisciplinary team (MDT) meetings to review patient cases, both prospectively and retrospectively. The team discussed complex cases and recommendations and patient communication were documented in the hospital medical records.

The outpatient department interacted with other departments to optimise patient care. For example, managers consulted with diagnostic imaging so that patients could have their scans on the same day as their appointment.

Seven-day services

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

The service provided clinics Monday to Friday 8am to 8pm. There were no regular weekend clinics. However, staff told us about occasional Saturday morning clinics or planned late appointments during the week.

Health promotion

Though staff gave patients practical support and advice to lead healthier lives, except breast unit there were no information leaflets or material available within the department related to healthy lifestyle.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. However, the service did not have relevant information promoting healthy lifestyles and support in outpatient department, i.e. there were no information leaflets or material available within the clinics, nor there was any information within the department displayed directing patients where to access information related to a healthy lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consultants and staff discussed consent for surgical procedures during appointments. Staff gave patients time to have a discussion with their consultant and time to think about their treatment options.

Good

Outpatients

Staff recorded consent in the patients' records. Staff gained written consent for minor operations such as skin procedures including mole removal surgery. Consent was documented in all 10 patient records we reviewed. The service carried out a monthly outpatient minor procedure pathway audit that looked at compliance with consent.

Staff and managers had arrangements to support the communication needs of patients when giving their consent. For example, translation services. Staff could arrange this with the medical secretary ahead of the appointment time.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could explain where policies were found for reference if they needed this. Staff did not have examples associated with complex consent, but the hospital had policies available on the hospital intranet which took into account national standards and legislation.

Are Outpatients caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff assisted patients when needed including the provision of mobility aids. Staff gave examples of how they gave reassurance to patients having a minor operation. This included the use of humour, holding a patient's hand and planning for a relative to be available for them as soon as possible following their procedure.

Patients said staff treated them well and with kindness. We spoke with three patients during our visit to the department and all feedback was positive about the staff and the care they received.

The feedback from the May 2022 patient survey showed that 96.9% of patients answered 'yes, always' when asked if they felt they were treated with respect and dignity.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff cared for patients and were attentive to their needs during interactions. For example, we saw staff opening doors and providing help to patients.

Good

Outpatients

Staff supported patients and helped them keep their privacy and dignity. Patients had a quiet area for privacy and there were changing rooms where patients could change in private and locks on the doors. Where patients had cultural and religious needs, staff were flexible in accommodating their needs. This included chaperone arrangements which were available if examinations were needed and all aspects of treatment were explained with respect if patients were unhappy with a certain approach. The CNS team provided a personalised service for each patient. A member of the CNS team could be present during clinics with consultants and throughout the patient journey. They coordinated the care of patients and acted as the point of contact for those undergoing complex treatment, ensuring patients had a positive experience of care.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and those close to them. Staff were aware of the impact on relatives of patients and made efforts to keep them informed if their relative was undergoing a procedure.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. All patients we spoke with told us that the treatment was clearly explained to them and they felt involved in making informed decisions about their treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff knew the needs of patients in advance of their appointment. This included the arrangements for the support of patients that required translation services, sight, hearing, and mobility support. Patients were informed about fees before visits through consultants' secretaries when making appointments.

Patients and their families could give feedback on the service and their treatment. When needed, staff supported them to do this. The feedback from the May 2022 patient survey showed that 96.4% of patients answered 'yes' when asked if they were given answers in a way they could understand. We spoke with three patients who all provided positive feedback about the way staff cared for them.

Are Outpatients responsive?

Good

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

Service delivery to meet the needs of local people

The service plan and provide care in a way that met the needs of patients. The service worked with others in the wider system and local organisations to plan care.

Good

Outpatients

Managers planned and organised services so they met the changing needs of patients. Facilities and premises were appropriate for the services being delivered. The waiting areas were furnished to a high standard and provided sufficient comfortable seating. There was a range of free hot and cold beverages available, as well as newspapers and magazines to read. The breast unit offered a one-stop service for patients, which included consultation, ultrasound, mammography and biopsy if required. Radiologists dedicated to the breast unit reported images immediately.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Managers and staff co-ordinated with other departments to ensure that patients were able to have all their tests during one visit. For example, diagnostic scans were scheduled on the same day as an appointment and this was organised through consultant's medical secretaries to enable this.

Between May 2021 and April 2022, 0.58% to 1.26% of booked outpatients appointments were cancelled, mostly initiated by patients. The percentage of patients who 'did not attend' (DNA) ranged between 4.29% and 9.76%. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. For any cancellations, re-booking was offered to patients and staff would try to accommodate last minute arrangements for appointments. Managers worked to keep the number of cancelled appointments and treatments to a minimum.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Secretaries and staff would enquire if patients had special needs or required additional support when booking appointments; this allowed staff to make arrangements ahead of visits.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Managers made sure staff, patients, loved ones and carers could get help with translation when needed.

Staff used patient information to provide care and treatment in a safe way and eliminate risks. If staff felt the service could not meet the patient's needs, staff referred them to an alternative health care provider who could better support the patient.

Managers wanted to enhance their support for patients living with dementia. Managers told us that an accessibility and dementia audit was carried out in April 2022 to ensure the department meets any additional accessibility needs of patients. The department was currently working on implementing the recommendations from the report. For, example having dementia friendly clocks within the department.

The service had systems in place to have information leaflets available in languages spoken by the patients.

Access and flow

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

Good

Outpatients

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Managers and staff arranged for tests to be done at the same time as their appointment to reduce unnecessary visits. For example, if a scan was booked, efforts would be made for a patient to be seen in the clinic the same day, where possible.

Patients could access the breast unit through self-referral, outlined in the hospital's self-referral mammography policy. All patients filled in a mammography patient questionnaire and were given a verbal result before leaving the unit. There wasn't a waiting list for appointments in the department. Medical secretaries were responsible for booking appointments when they were received. Managers could add and remove clinics when demand required them to do this. Managers used a shared electronic booking system with consultants' medical secretaries when making bookings on behalf of patients.

Learning from complaints and concerns

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

Patients and relatives knew how to complain or raise concerns. Patients we spoke with knew how to make a complaint and the process they would follow.

Between June 2021 and May 2022, there were 16 formal complaints about the service. Staff understood the policy on complaints and knew how to handle them. Staff and managers knew how to manage complaints and made efforts to resolve them. Managers expressed that they would make efforts to resolve the concern as soon as possible. Managers investigated complaints and found themes. For example, in response to complaints related to communication about pricing, the department was working to develop pricing leaflets for clinics. Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints and positive feedback were a standing agenda item for department team meetings.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints reviewed showed outcomes and learning from the process were shared with patients. There was a policy and process for this.

Are Outpatients well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

Good

Outpatients

The department had a management structure with clear lines of responsibility and accountability which staff understood. The head of the outpatient department had responsibility for the running of the clinics and took part in the wider governance and meeting structure of the hospital. This meant they understood the priorities of the hospital and how their department was involved in delivering this. Staff understood their job role and their responsibilities. Managers had a good understanding of the challenges to quality and sustainability in the department and were able to tell us the actions needed to address them. They felt supported by other members of the senior management team. They were able to discuss any issues with them, were listened to and their views respected. Staff could name who their line manager was and who to speak to for specific situations such as safeguarding.

Staff spoke highly about their managers and felt supported and valued. Managers were highly visible and approachable, and we saw evidence of this on the inspection.

Managers supported staff to undertake training to develop their skills. Managers discussed career development of staff at their appraisals. Staff said they felt managers provided opportunities to develop.

Vision and Strategy

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

The service's vision was 'to have an outstanding reputation for the best level of patient care with safety being at the forefront of all we do'. This was aligned with the hospital's vision to be the leading private hospital in the UK and to support an increased number of veterans through charitable work. The mission statement for the outpatient department was to provide safe effective high-quality patient cantered care to our patients through excellent communication, teamwork and consistent best practice. The hospital values were 'professionalism, quality, respect, safety and teamwork'. Staff incorporated these values into their daily performance.

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.

Most staff we spoke with were positive about the service and told us they were respected, supported, and valued. There were freedom to speak up champions within the service to support staff to raise concerns. Staff we spoke with were aware of the freedom to speak up champions and how to contact them. Managers promoted equality and diversity. Staff said they felt comfortable raising concerns with their line manager. Staff expressed having a good relationship with their manager. Patients we spoke with during our inspection told us they felt able to raise any concerns with staff.

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.

Managers had monthly meetings to give information to staff face to face. Staff had access to meeting minutes on an electronic shared drive.

From the meeting minutes we reviewed, there was evidence that managers discussed, shared, and acted upon information. The information included incidents, complaints and leadership updates. The clinical services manager used a daily safety huddle in the morning to share information and updates. Staff could raise operational concerns both at meetings and privately with their line manager who would then escalate this to suitable governance meetings at the hospital.

Management of risk, issues and performance

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

The department had a risk register which managers reviewed regularly. Managers entered risks into an electronic system where risks were reviewed by hospital leaders on an ongoing basis using a meeting structure. Managers performed audits that focused on the IPC performance of the department and health and safety audits were completed. Staff had awareness of these risks and there were arrangements for managers to update staff during department meetings on how risks were checked and the actions they needed to take if required.

Information Management

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

Staff did not leave computers unattended and areas holding information were locked when left unattended. Staff had access to electronic patient records on the hospital's computer systems. Paper documents were scanned into the electronic system by staff in medical records and then destroyed. Staff kept confidential documents such as patient notes secure and locked when they were not in use.

Information governance and cyber security were part of the mandatory training. Data provided showed 100% compliance of outpatient staff with this training.

Engagement

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

Good

Outpatients

The hospital actively encouraged patients to give feedback about their experiences to help improve services. All patients were asked to complete a provider feedback questionnaire about their experience. This feedback was audited, shared with staff and used to drive. Managers understood the importance of staff feedback. We saw forms available for patients and visitors throughout the department. The outpatient staff were happy in their roles and felt listened to. An interdepartmental staff forum was in operation to enhance staff morale and opinion.

Learning, continuous improvement and innovation

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

The hospital had taken the feedback from our previous inspection and used this to drive improvements in areas such as patient records management and took immediate action in response to issues identified during the course of this inspection visit. Staff were committed and passionate about improving the service they provided. The department prioritised learning and improvement among their staff. Staff we spoke with wanted to develop the service and themselves to give the best experience for patients.