Tyneside Surgical Services

Quality Report

The Peter Smith Surgery Centre
Queen Elizabeth Hospital
Queen Elizabeth Avenue
Sheriff Hill
Gateshead
NE9 6SX
Tel: 0191 4452474
Website: www.tynesidesurgicalservices.co.uk

Date of inspection visit: 26 September 2017
Date of publication: 11/12/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good
Are services well-led?	Good

Overall summary

Tyneside Surgical Services is an independent healthcare provider for predominantly NHS patients, located at the Peter Smith Surgery Centre, Queen Elizabeth Hospital, Gateshead. The service works in collaboration with Gateshead Health NHS Trust (GHNT). The pathway of care for patients is delivered within GHNT facilities, with patients accessing identical facilities and services as a Gateshead patient. The relationship between Tyneside Surgical Services and GHNT is governed by contractual agreements.

Patients requiring an elective procedure are operated on in the Peter Smith Surgery Centre, where there are four operating theatres. The Surgery Centre provides day

Summary of findings

surgery and inpatient stays for Tyneside Surgical Services patients on level one and two. Patients report to reception, which is the central administration point for the Surgery centre. GHNT staff manage this.

We inspected this service as part of our programme of inspection of independent health providers. We carried out an announced inspection visit on 26 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated this service as good overall.

We found the following areas of good practice:

- Incidents were reported and dealt with effectively. There were no serious patient safety incidents reported in relation to the service between April 2016 and March 2017.
- Policies and procedures were in place. The host hospital provided some of these relating to medicines management, infection control and maintenance of the environment and equipment. There was effective sharing of information between the two organisations.
- There were processes in place to protect vulnerable patients and staff were aware of their responsibilities.
- Care was planned and delivered in line with national evidence based guidance. Patient outcomes were measured.
- Suitably trained, competent staff delivered care and treatment. There was evidence of good multidisciplinary working.
- Patients gave positive feedback about the care and treatment they had received.
- Patients had timely access to initial assessment and diagnosis. Most patients received treatment within 18 weeks of referral.
- The service had a clearly defined vision and values. Key risks to the service were recorded and managed.
- The service had a contract with the host trust, which was regularly reviewed. Staff had built good relationships with host trust staff and there was good communication and sharing of information.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the hospital. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Page

Background to Tyneside Surgical Services 6

Our inspection team 6

Information about Tyneside Surgical Services 6

The five questions we ask about services and what we found 8

Detailed findings from this inspection

Overview of ratings 10

Good

Tyneside Surgical Services

Services we looked at

Surgery

Summary of this inspection

Background to Tyneside Surgical Services

Tyneside Surgical Services, an independent healthcare provider predominantly for NHS patients, was established at the Queen Elizabeth Hospital (part of Gateshead Health NHS Foundation Trust) in 2007. The service carries out elective surgery in line with a commissioned contract. It provides a range of elective speciality surgeries for patients over 18 years old including: Joint replacement, foot/ankle surgery, hand/wrist surgery, non-complex spinal surgery, plastic surgery, urology, gynaecology, general surgery and colo rectal surgery.

Tyneside Surgical Services employed a director of operations, a matron, a clinical services manager, a service manager, two part time outpatient nurses, one part time theatre nurse and an administration team. There was an agreement in place that GHNT staff staffed the wards and theatres. When GHNT were unable to provide a fully staffed theatre list, Tyneside Surgical Services would staff the list from casual worker contracts. There were 31 consultants and anaesthetists employed under practising privileges.

The service is registered to provide the following regulated activities:

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

Core services provided were:

- Surgery (excluding cosmetic surgery)
- Outpatients
- Endoscopy

Surgery was the main service provided. Outpatient clinics were provided for initial consultations, pre-assessment and post-operative follow up. We have therefore reported the outpatient activities as part of the surgery core service.

Tyneside Surgical Services had a registered manager, who had been in place since April 2011.

Our inspection team

The team that inspected the service included: Debbie Bedford as the CQC inspection lead, another CQC inspector and two specialist advisors with expertise in surgery.

Information about Tyneside Surgical Services

Tyneside Surgical Services operated under a contract with Gateshead Hospitals NHS Foundation Trust to use the facilities and nursing staff at the Peter Smith Surgery Centre, Queen Elizabeth Hospital, Gateshead. The service had access to two 30-bed inpatient wards, a day case unit, 10 theatres and outpatient clinics.

During the inspection, we visited the inpatient wards, the day case area, theatres and an outpatient clinic. We spoke with eight members of staff including registered nurses, medical staff, administration staff and senior managers. This included staff working on the wards employed by the host trust. We spoke with five patients.

We also received 43 'tell us about your care' comment cards, which patients had completed prior to our inspection. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice before, and the most recent inspection took place in February 2014, which found that the service was meeting all standards of quality and safety it was inspected against.

Summary of this inspection

Activity (April 2016 to March 2017)

- In the reporting period April 2016 to March 2017, there were 1,762 inpatient and day case episodes of care recorded; of these 99.7% were NHS-funded and 0.3% other funded.
- 13% of all NHS-funded patients and 80% of all other funded patients stayed overnight at the hospital during the same reporting period.

There were 5,775 outpatient total attendances in the reporting period; of these, 0.1% were other funded and 99.9% were NHS-funded.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- There had been no serious incidents reported between April 2016 and March 2017. Three clinical incidents were reported which were graded as no or low harm. Incidents were appropriately investigated and discussed. Tyneside Surgical Services had a shared agreement with the host trust to report incidents on the Trust's electronic reporting system.
- There were no reported cases of MRSA, MSSA, Clostridium difficile (C.difficile) or E-Coli between April 2016 and March 2017.
- Staff followed the host hospital's infection prevention and control policies. Patients were cared for in visibly clean environments.
- The service had a shared agreement with the host trust to ensure that any safeguarding issues were addressed. Staff were aware of their responsibilities.
- Appropriate risk assessments were completed and arrangements were in place for the care of a deteriorating patient. World Health Organisation (WHO) checklists were completed appropriately.

Are services effective?

Good

We rated effective as good because:

- Patients received care according to national guidelines such as National Institute for Health and Care Excellence (NICE) and guidance from the Royal Colleges. Effective care and treatment was provided using standardised patient care pathways.
- The service had introduced a local audit programme. Results were used to implement changes in practice.
- Suitably trained, competent staff who worked well as part of a multidisciplinary team provided care and treatment.
- Patient outcomes were measured through patient satisfaction surveys and participation in national programmes such as Patient Reported Outcome Measures (PROMs).

Are services caring?

Good

We rated caring as good because:

- Patients spoke positively about the care they received. They told us staff were kind and caring and they were treated with dignity and respect.

Summary of this inspection

- Feedback from patient satisfaction surveys was consistently good with over 94% of patients recommending the service.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned to meet the needs of patients. A number of different surgical specialities were offered including spinal, which the host trust did not offer. Surgeons from other trusts were employed under practising privileges to provide this service.
- The majority of patients received treatment within 18 weeks of referral and waited less than six weeks for diagnostic tests.
- The service made appropriate arrangements to meet people's individual needs, such as those with a learning disability.
- Complaints were dealt with appropriately and patients knew how to make a complaint.

Are services well-led?

Good

We rated well-led as good because:

- The service had a clear vision and values which staff were aware of.
- Senior management team, clinical governance and medical advisory committee (MAC) meetings took place regularly.
- There was good communication and sharing of information between the service and the host trust.
- Risks were identified and managed.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are surgery services safe?

Good

We rated safe as **good.**

Incidents

- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. No never events were reported between April 2016 and March 2017.
- There had been three clinical incidents reported between April 2016 and March 2017. All were graded as no or low harm.
- We saw evidence that incidents had been appropriately investigated and actions implemented.
- Staff were aware how to report incidents. Tyneside Surgical Services used the host trust's electronic incident reporting system for clinical incidents. The electronic reporting system had a drop down box to indicate if the patient was a Tyneside Surgical Services patient. If the incident related to the host trust then they would investigate and inform Tyneside Surgical Services. There was collaboration between the two organisations when required.
- For non-clinical incidents that were solely Tyneside Surgical Services responsibility then separate paper incident forms were completed.
- Tyneside Surgical Services had regular meetings with the chief matron of the host trust and they would be informed of any high-risk incidents that had taken place in the trust so learning could be shared.
- We reviewed senior management team and medical advisory committee (MAC) meeting minutes and saw that incidents were a standing item for discussion. Staff told us that they received feedback about incidents at team meetings.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff were aware of the duty of candour and a policy was available for staff.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- Venous thromboembolism (VTE) screening rates were above 95% throughout the reporting period from April 2016 to March 2017.
- There were no episodes of hospital acquired VTE or pulmonary embolism (PE) between April 2016 and March 2017.
- NHS thermometer data was collected by the host trust regarding the number of patient falls, pressure ulcers and urine infections (for patients with a catheter). This information was shared with Tyneside Surgical Services.

Cleanliness, infection control and hygiene

- There were no cases of MRSA, MSSA, Clostridium difficile (C.difficile) or E-Coli reported between April 2016 and March 2017.

- Between April 2017 and March 2017, there were two surgical site infections. One was following orthopaedic surgery and one following upper gastrointestinal and colorectal surgery.
- There were no surgical site infections resulting from primary or revision hip arthroplasty, primary knee arthroplasty, spinal, breast, gynaecological, urological, cranial or vascular procedures.
- Staff followed the host hospital's Infection Prevention and Control, MRSA and Hand Hygiene policies. This included the use of personal protective equipment and we observed staff using gowns and gloves as appropriate, they were arms bare below the elbows and washed their hands as required.
- Decontamination of equipment was done by the host trust.
- The service received minutes from the host hospital's Infection Prevention and Control Committee meetings. They received infection control reports from the host trust matron and would discuss infection control audit results.
- All areas we visited, where Tyneside Surgical Services patients were seen, were visibly clean. All inpatients were nursed in single, en suite rooms.
- All pre-assessment patients were appropriately swabbed for MRSA.

Environment and equipment

- The premises and equipment used by Tyneside Surgical Services belonged to the host trust. Tyneside Surgical Services were allocated theatre and bed spaces when available.
- The host trust was responsible for maintaining equipment. An equipment database was held by the host trust and Tyneside Surgical Services staff could access this if needed.
- Staff from Tyneside Surgical Services were assured that equipment was up to date with servicing as all equipment had service stickers displayed.
- Emergency equipment for resuscitation was available in all areas that Tyneside Surgical Services patients accessed. The host trust staff were responsible for checking the equipment. We saw completed checklists to confirm these checks had taken place.

Medicines

- Tyneside Surgical Services did not supply their own medicines and operated under the host trust's medicine policy. They also used the host trust antimicrobial guidelines. Both these documents were up to date.
- Tyneside Surgical Services staff had regular meetings with pharmacy staff from the host trust.
- The host trust used electronic prescribing and consultants and anaesthetists working for Tyneside Surgical Services that were not employed by the host trust had been given training to ensure competence with the new system.

Records

- Patient records were held by the host trust and Tyneside Surgical Services patients followed the host trust pathway. There was no obvious indicator on the outside of the patient records that the patient was under the care of Tyneside Surgical Services, however there was specific documentation within the notes to ensure staff knew they were a Tyneside Surgical Services patient.
- We reviewed three sets of records and found they were legible and complete. All relevant documentation had been completed and signed. Pre-operative assessment had been completed for all three patients.
- Staff prepared an outpatient clinic file before each clinic. This included the records for each patient due to attend the clinic. The records included patient history, investigation / test results, referral letters (such as from the GP) and any previous clinic consultation letters.
- We saw that records were stored securely in all areas we visited.

Safeguarding

- Tyneside Surgical Services had a shared arrangement with the host trust. Any safeguarding issues would be reported to the host trust safeguarding lead, who would manage the concern.
- The Tyneside Surgical Services Director of Operations was the executive lead and the matron was the responsible lead for safeguarding. The matron was the safeguarding link between Tyneside Surgical Services and the host organisation; she attended the host trust's monthly safeguarding meetings.
- The Director of Operations and matron had completed safeguarding level 2 training.
- The service had an up to date Safeguarding Adult Policy, which was a support document to the host organisation's safeguarding policy.

- Records showed that 100% of staff employed by Tyneside Surgical Services had completed safeguarding adults training level 1. The host trust safeguarding team had provided additional training for Tyneside Surgical Services staff, which was above the mandatory training requirements.
- There were no safeguarding concerns reported to CQC between April 2016 and March 2017.
- Safeguarding alerts were placed on a patient's electronic record for both the host trust and Tyneside Surgical Services. The host trust safeguarding team had access to Tyneside Surgical Services patient administration system to ensure that this happened.
- We saw information on how to report a safeguarding concern clearly displayed in the areas we visited.

Mandatory training

- Tyneside Surgical Services staff had mandatory training in subjects including information governance, fire safety, health and safety and equality and diversity. Staff accessed training provided by the host trust. Records indicated that all staff were up to date with their mandatory training.
- The host trust shared staff training data with the clinical services manager for Tyneside Surgical Services. Tyneside Surgical Services were therefore assured that those staff caring for their patients were up to date with their mandatory training.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- The service had an admissions policy and only admitted patients with an American Society of Anesthetologists (ASA) score of one to three, meaning that patients with severe co-morbidities would not be accepted for treatment.
- Pre-assessment appointments took place at least two weeks before the surgery date. At this appointment a patient history was taken, appropriate investigations and risk assessments were undertaken. Risk assessments included infection risk, falls, VTE and nutrition.
- Pre-assessment staff would escalate patients who were, on assessment, deemed to be higher risk for an anaesthetic review. They followed a high-risk pre-assessment pathway, which might have resulted in the patient not being treated by this service.
- Deteriorating patients could be transferred to the host hospital's high dependency unit. The care of the patient would then transfer to the host trust but the consultant would remain involved in the patient's care.
- Nursing staff on the ward were employed by the host trust and followed their policies and procedures concerning the deteriorating patient.
- The World Health Organisation (WHO) surgical safety checklist was used. The WHO checklist was completed electronically. The electronic form would not allow progression to the next part of the checklist until all parts were completed as necessary.
- The host trust carried out WHO Surgical Safety Audits, which Tyneside Surgical Services had sight of. Tyneside Surgical Services had their own audit plan, which showed that the Surgical Safety checklist was due to be audited in November.

Nursing and support staffing

- Staff employed by the service included the Director of Operations, clinical services manager, clinical lead nurse, theatre matron and administrative staff. The service employed one part time theatre nurse and two part time outpatient nurses.
- Inpatient and theatre staff were employed by the host trust. The host trust matron shared staffing numbers with the clinical services manager for Tyneside Surgical Services and would inform them if there were any staffing problems.
- Theatre lists were staffed from casual workers contracts when the host organisation was unable to provide a staffed list. The host organisation provided the majority of staff that worked on a casual contract for Tyneside Surgical Services.

Medical staffing

- There were 31 surgeons and anaesthetists working for Tyneside Surgical Services under practising privileges.
- As part of the practice privilege process, consultant surgeons and anaesthetists were required to be available, if required, to provide 24-hour care to their patients.
- We spoke with nursing staff on the wards who told us they held a list of consultant names and contact numbers on the ward. They had no problems contacting the consultants, including on weekends.

Emergency awareness and training

- Staff followed the host trust procedures in the event of an emergency. Staff attended the host trust fire training.
- Tyneside Surgical Services had a major incident policy, which required staff to be familiar with the host trust major incident policy.

Are surgery services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- Patients received care based on national guidance such as the National Institute for Health and Care Excellence (NICE).
- Staff used the host hospital's policies and pathways for care, which were based on up to date national guidelines.
- We saw evidence in medical advisory committee (MAC) and clinical governance meeting minutes of discussion of NICE guidelines. NICE guidance was disseminated to consultants by the clinical governance lead.

Pain relief

- We were told that patients' pain was managed appropriately post operatively. However, we did not see any post-operative patients at the time of our inspection.
- Post-operative pain relief was discussed with the patients at the pre-assessment appointment.
- Tyneside Surgical Services patients had access to the same pain management as the host hospital's patients.

Nutrition and hydration

- Patients were given information pre-operatively about appropriate fasting times before surgery.
- Nutritional risk assessments were carried out at the pre-assessment appointment.
- Patients were cared for by the host trust staff post operatively and had access to the same food and drink as the host trust patients.

Patient outcomes

- Tyneside Surgical Services participated in the programme of Patient Reported Outcome Measures (PROMs). PROMs assess the quality of care delivered to NHS patients from the patient's perspective and calculate the health gains after surgical treatment using pre- and post-operative surveys.
- The service acknowledged that their submission rate for PROMs data was lower than expected and had built a plan to improve this in to their annual priorities. The adjusted average health gain could not be calculated due to the low numbers.
- Tyneside Surgical Services reported to the National Joint Registry (NJR). The NJR was set up by the Department of Health in 2002 to collect information on all hip, knee, ankle, elbow and shoulder surgery replacement operations. It also monitors the performance and effectiveness of joint replacement implants and different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. Information submitted to the NJR was submitted by the host trust.
- There were no unplanned transfers of an inpatient to another hospital between April 2016 and March 2017.
- Between April 2016 and March 2017, there were six cases of unplanned readmission within 28 days of discharge. The assessed rate of unplanned readmissions is not high when compared to a group of independent acute hospitals, which submitted performance data to CQC.
- Between April 2016 and March 2017, there were three cases of unplanned return to the operating theatre. We saw evidence that any cases of unplanned re-admissions or returns to theatre were discussed at the medical advisory committee (MAC) meetings. These did not identify any changes to practice as a result.
- The service had a local audit programme for the year. Audits included day case surgery rates, records audit and a surgical safety checklist audit.
- A laparoscopic cholecystectomy audit had been done January to March 2017. This identified that out of eleven sets of records audited; two patients had not had medication prescribed using the host trust electronic system. Training was therefore provided to the anaesthetists.

Competent staff

- Consultants working for the service were employed under practising privileges. All of the consultants held substantive posts in NHS trusts, including the host trust.

- Consultants were required to provide up to date copies of their professional registration, qualifications, training, appraisals, indemnity insurance and DBS check. We reviewed three sets of consultant and anaesthetist files and found they were up to date and available.
- The administration manager ensured that practising privileges documentation was reviewed regularly and had a system in place to ensure she knew when documentation was due to expire.
- Staff employed by Tyneside Surgical Services had annual appraisals. So far this calendar year, 50% of staff had completed their appraisal. It was projected that by the end of the year 100% would have completed their appraisal.
- Nursing staff employed on a casual basis were required to provide references and an up to date DBS check. They were given competencies and minor appraisals to complete.
- The clinical services manager would discuss nursing staff appraisals with the ward sisters to ensure staff on the wards were up to date with their appraisals.

Multidisciplinary working

- Tyneside Surgical Services staff and the host trust staff worked well together, ensuring a seamless pathway of care for the patients.
- The administration manager attended the host trust weekly theatre scheduling meetings.

Seven-day services

- There was access to services provided by the host trust, which included referrals for x-rays.
- The host trust did not offer 24-hour MRI facilities, so any Tyneside Surgical Services requiring an urgent post-operative out of hours MRI, would be transferred to the nearest regional centre offering MRI.
- Consultants were required to offer 24-hour care for their patients.

Access to information

- Patient records were held by the host trust. Administration staff were able to check the host trust patient administration system and request the patients records when they were due to be seen.
- Patients were registered on the host trust patient administration system; along with Tyneside Surgical Services own system.
- Electronic discharge letters were sent to GPs; ensuring GPs had timely access to information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- An up to date Mental Capacity Act and DoLS policy was available which was to be read in conjunction with the host trust policy.
- We saw consent forms appropriately completed in the records we reviewed.
- Consent for surgery was first discussed and recorded at the pre-operative outpatient appointment.

Are surgery services caring?

Good

We rated caring as **good.**

Compassionate care

- Patient satisfaction survey results showed consistently that over 94% of patients would recommend the service to friends and family.
- Patients we spoke with said they were happy with the care provided.
- We received 43 comment cards, comments included: 'excellent all round care', 'staff are courteous at all times', 'the staff are excellent'. Patients felt they were treated with dignity and respect.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us that they were given full explanations at their pre-assessment appointment.
- Patients were given information in a way they could understand.
- The three patients we spoke with were unsure whether they were a patient of Tyneside Surgical Services or the host trust.

Emotional support

- Staff offered reassurance to patients.
- The service did not offer counselling services but patients could access services provided by the host trust.

- A chaperone service was offered to patients.

Are surgery services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- Patients could choose to access Tyneside Surgical Services through the NHS e-Referral Service. The service offered a number of different surgical specialities, including spinal, which the host trust did not offer. Spinal surgery was carried out by consultants from other NHS trusts.
- Clinics and surgery were offered on weekdays, evenings and Saturdays. Clinic appointments were offered at the host trust and a number of primary care locations.
- The service had an agreement with the clinical commissioning group (CCG) that a surgeon could refer a patient to their own practice in an NHS hospital if the case was too complex to be seen as a Tyneside Surgical Services patient, this meant that the patient was not waiting for a re-referral by the GP.
- The administration team were responsible for the patient pathway through the service from start to finish, ensuring timely booking of appointments. They would liaise with theatre staff and received weekly emails with available theatre dates and times.
- Service leads acknowledged that they could not always respond to develop services for patients due to constraints with the host trust. However, by developing stronger relationships within the trust these issues had been minimised.

Access and flow

- New referrals were accepted from GPs via NHS E referral. Other referrals were also accepted from the host trust or other local trusts when they required support to deliver timely patient pathways.
- We observed patients in the outpatient clinic being seen quickly and patients we spoke with told us they had prompt appointments.
- The service met the referral to treatment time (RTT) indicator of 92% of patients on incomplete pathways waiting 18 weeks or less from the time of referral.
- The indicator of 95% for starting non-admitted treatment was met in all but four months between April 2017 and March 2017. Of those four months, three months achieved 94% and one month achieved 93%.
- The service had a referral to treatment time (RTT) indicator of 90% of patients to be admitted for treatment in less than 18 weeks. This indicator was not met for five months between April 2016 and March 2017.
- The majority of patients were seen within six weeks of referral for diagnostic tests.
- Information provided by the service for May 2017 showed that all indicators had been met. Those patients that were breaching the waiting time were due to cancellations of appointments by the patient.
- The service reported 33 cancelled procedures for a non-clinical reason in the last 12 months. Of these patients, 88% were offered another appointment within 28 days of the cancelled appointment.
- The director of operations told us that included within the host trust bed policy was that there should be equitable access for Tyneside Surgical Services patients. Staff negotiated with host trust staff about theatre lists and cancellations. Any patients who had previously been cancelled would be highlighted on the theatre list.

Meeting people's individual needs

- The service made appropriate arrangements for patients identified with learning disabilities, such as longer appointment slots and appointments at the beginning of a clinic.
- Tyneside Surgical Services informed the specialist nurses from the host trust if they had a patient with learning disabilities or dementia. The specialist nurse would provide advice and support to Tyneside Surgical Services staff.
- The administration team booked interpreters if required. The service had a contract with an interpreting service and was aware how to book them.
- The service offered transport to elderly patients when they had no alternative means of getting to the hospital.
- A larger ensuite room was booked to allow relatives to stay with a patient when required.
- Patients were given a hotline telephone number to ring if they had any concerns following discharge.

Learning from complaints and concerns

Good

Surgery

- A patient leaflet that described how to make a complaint was included with every new referral letter. Patients could also access the host trust's Patient Advice and Liaison Service (PALS) to raise a concern.
- The service aimed to acknowledge receipt of a complaint within 48 hours and respond with a full reply within 20 working days.
- If the complaint involved Tyneside Surgical Services and the host trust, a joint response would be produced. The host trust worked to a 35 day response target so any response was subject to the host trust timetable.
- Formal and informal complaints were recorded. We saw evidence of discussion at senior management team meetings, governance meetings and medical advisory committee (MAC) meetings.
- Between April 2016 and March 2017, there were seven complaints. We reviewed four complaints and found that they were dealt with appropriately.
- Staff could tell us about changes developed in response to complaints, such as changing the initial appointment letter to inform patients it was a consultation appointment and certain procedures would not be carried out at this appointment.

Are surgery services well-led?

Good

We rated well-led as **good.**

Leadership / culture of service related to this core service

- The director of operations was the registered manager; they had been registered since 2011.
- A clinical nurse manager and a matron, who ensured good communication with the host trust, supported the director of operations.
- Leaders were aware of the reliance on the host trust providing good quality, safe care to patients. They were aware of the communication needed with staff from the host trust to ensure they received assurance that standards were met.
- Staff told us the directors of the company were visible and approachable. They spoke positively about the leaders in the service and they felt able to voice any concerns they had.
- All the staff we spoke with were positive about the service they provided. The focus was on the patients and providing the best service they could.

Vision and strategy for this core service

- Tyneside Surgical Services vision was 'to be the region's preferred independent provider, setting the standard for equality and choice in service provision'.
- Their purpose was 'to provide exceptional quality in the health care services we provide and in a manner that responds to the needs of our patients'. The values of the service underpinned the purpose.
- The vision and values were seen displayed in staff offices. Staff we spoke with were aware of the vision of the service.

Governance, risk management and quality measurement

- Tyneside Surgical Services had two sister organisations that shared the same directors but were managed as three separate businesses. Information and good practice was shared between the organisations at a managers meeting held every six months.
- The service worked under a contract with the host trust. The host trust audited the contract every two years to review compliance.
- There was a clear governance framework in place to support safe and good quality care. Service performance and that of the host trust were discussed at board meetings, senior management team meetings, clinical governance meetings and medical advisory committee (MAC) meetings.
- The chief matron from the host trust attended the clinical governance meetings, which allowed data to be shared between the organisations.
- We reviewed meeting minutes and saw discussions around issues including incidents, complaints, audits and concerns.
- An ongoing risk register was maintained which highlighted areas of concern, strategies to manage the risk and proposed resolution dates. The director of operations told us that the services risks were small and mainly related to information technology issues or operational issues involving the host trust. Tyneside Surgical Services had sight of the host trust risk register.

Good

Surgery

- Applications for practising privileges were reviewed and granted at MAC meetings. The host trust medical director could also influence the decision as to whether practising privileges were granted.

Public and staff engagement

- The service actively sought feedback from patients. Patient satisfaction questionnaires were sent to all patients who had accessed their services.
- Staff linked in with the host trust patient and public involvement group, particularly in their work with people with dementia.
- Regular team meetings took place and staff told us they felt fully involved and able to contribute to service developments.

Innovation, improvement and sustainability

- The staff at Tyneside Surgical Services had worked hard to improve communication between themselves and the host trust.
- An audit schedule had been put in place for the coming year and staff acknowledged that they would like to increase the number of audits undertaken.