

Tyneside Surgical Services Limited

# Tyneside Surgical Services

## Inspection report

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Date of inspection visit: 16 June 2022  
Date of publication: 08/08/2022

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

Medical care, endoscopy services, was a small proportion of the hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

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

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. The service managed safety incidents well and learned lessons from the provider wide organisation. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave pain relief when patients 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 patient 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 ensured people's individual needs and preferences were central to the delivery of tailored services and the communities served. It also worked with others in the wider system and local organisations to plan care. People could access the service in the time and way they needed it and received the right care promptly. Technology was used innovatively to ensure people had timely access to treatment, support and care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff and managers were focused on the needs of patients receiving care. Staff were clear about their clinical roles. The service engaged well with patients and stakeholders to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

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

- 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. The service managed safety incidents well and learned lessons from the provider wide organisation. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave pain relief when patients 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 patient 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 ensured people's individual needs and preferences were central to the delivery of tailored services and the communities served. It also worked with others in the wider system and local organisations to plan care. People could access the service in the time and way they needed it and received the right care promptly. Technology was used innovatively to ensure people had timely access to treatment, support and care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff and

# Summary of findings

managers were focused on the needs of patients receiving care. Staff were clear about their clinical roles. The service engaged well with patients and stakeholders to plan and manage services and all staff were committed to improving services continually.

## Medical care (Including older people's care)

Good



The service had a stand-alone endoscopy unit. It consisted of a procedure room and a recovery area. The endoscopy service was working towards the Joint Advisory Group on gastrointestinal endoscopy (JAG) accreditation. The JAG accreditation scheme is a patient-centred scheme and based on the principle of independent assessment against recognised standards.

Endoscopy was one of the smaller proportions of hospital activity. The service had undergone 236 endoscopies from January to May 2022. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

There was no activity on the day of our unannounced inspection, so we have insufficient evidence to rate some aspects of this service. However, we were able to inspect the environment, equipment management and stores, along with decontamination facilities. We also reviewed relevant documents, policies and procedures related to the endoscopy service provided. We rated this service as good because it was safe, responsive and well led. We did not have sufficient information to rate caring. We do not rate endoscopy services for effective.

# Summary of findings

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# Summary of this inspection

## Background to Tyneside Surgical Services

Tyneside surgical services is an independent purpose built hospital commissioned for elective specialties. The service moved to their new facilities in January 2022 and has since carried out their activities from this location. The service had not operated from their previous location for an extended period prior to January 2022 due to the COVID 19 pandemic. From January 2022 to May 2022 the service carried out 1060 day case procedures and 236 endoscopy procedures.

The model of care ensures all patients are seen and treated by their clinician of choice from first outpatient appointment to discharge. The range of services includes orthopaedics upper and lower limb, low complexity spines, general and colorectal surgery, plastic surgery (not cosmetic), urology, gynaecology and pain management. The service also provides endoscopy services.

Tyneside Surgical Services first registered with CQC in 2011. The service is registered for the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The service has a registered manager in post. Our previous inspection of this service in 2017 was good. There was no compliance action/requirement notices or enforcement associated with this service.

The main service provided by this hospital was surgery. Where our findings on medical care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

## How we carried out this inspection

Our inspection was short announced. We inspected this service using our comprehensive inspection methodology.

An inspector and specialist advisor carried out the inspection on 16 June 2022 with off-site support from an inspection manager. During the inspection, we spoke with six members of staff, the lead endoscopy nurse, the service matron and the leadership team, including but not limited to the relationship manager for the organisation, the operational manager and managing director for the service. We also spoke with five service users and their loved ones and were present during two surgical procedures with the service user's consent. We reviewed two patient's notes, feedback forms and online reviews. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

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:

- The facilities at Tyneside Surgical Services met all health building notes regulations and were aimed at having as low a carbon footprint as possible. As an example, the service did not use nitrous oxide as an anaesthetic option due to its increased impact on the production of greenhouse gases.

## Summary of this inspection

- The average waiting time for a patient to undergo non-urgent, consultant-led treatment was 13 weeks. The service had clear plans to maintain the sustainability of their 18 week target and was looking at ways to further improve on this despite accepting patients with over 52 week waits from local trusts.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Inspected but not rated	Not inspected	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good



# Surgery

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

## 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.**

Substantive staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive, met the needs of patients and staff and was adjusted to the required competency level of each member of staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service met their target of 100% completion rate of mandatory training for substantive staff. New starter staff were given a three week supernumerary role which allowed for mandatory training to be completed.

Staff who were contracted on zero hour contracts, such as nurses, or practicing privileges, such as consultants, had their mandatory training provided by their local NHS trusts. The service kept records of the training modules required to practice in the service and monitored their completion. We were informed the service was aware that some of these members of staff had some mandatory training in delay due to the impact of the pandemic but where engaging with the individuals to complete their training by a set time or they would be unable to practice at the service.

### 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.**

Staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act, 2010.

# Surgery

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.

## 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 visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning services were managed by an external provider under a service level agreement (SLA). The SLA covered regular cleaning schedules and decontamination of equipment. The service was also able to request the external provider to provide deep cleans and decontamination of highly infectious episodes if required.

The service performed well for cleanliness. Although the service had not produced an annual audit, they monitored cleanliness and infection rates. Cleanliness records showed full compliance from staff and the external provider.

Staff used records to identify how well the service prevented infections. There were no cases of MRSA, MSSA, Clostridium difficile (C. difficile) or E-Coli reported.

Staff worked effectively to prevent, identify and treat surgical site infections. As an example, all pre-assessment patients we reviewed were appropriately swabbed for MRSA.

Staff followed the hospital's Infection Prevention and Control policy and Hand Hygiene policies. This included the use of personal protective equipment. We observed staff using masks, gowns and gloves, they were arms bare below the elbows and washed their hands as required and in line with the local policies. The service met their target of 100% for compliance with hand hygiene in their most recent audit.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## 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 design of the environment followed national guidance and met standards of health building notes 09 and 10.

Staff carried out daily safety checks of specialist equipment.

Maintenance of the equipment was completed via an SLA with an external provider. We were assured that all equipment was well maintained, and that managers and staff had processes to action reviews of equipment in a timely manner if required.

# Surgery

The service had enough suitable equipment to help them safely care for patients. Equipment providers trained staff in the safe use of any new equipment introduced at the location.

Staff disposed of clinical waste safely. Removal and disposal of waste was completed via an external provider through an SLA. Managers monitored and assured compliance with standards and regulations relating to waste management.

## 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**

The service had an admissions policy and only admitted patients with an American Society of Anaesthesiologists (ASA) score of one to two, meaning that patients with severe co-morbidities would not be accepted for treatment.

Staff knew about and dealt with any specific risk issues. Pre-assessment appointments took place at least two weeks before the surgery date. At this appointment a patient's history was taken. Investigations and risk assessments were also completed. Risk assessments included infection risk, falls risk and risk of venous thromboembolism (VTE). We were assured risk assessments were being completed at all times as audits such as the VTE audit demonstrated 100% compliance.

On the day of surgery staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly.

The World Health Organisation (WHO) surgical safety checklist was used. We saw this checklist completed accurately in all surgical interventions we observed. The service also carried out an audit to review the correct use of the checklist and showed full compliance.

Staff used a nationally recognised tool to identify deteriorating patients and knew how to escalate them appropriately. The service had experienced staff and an updated escalation policy that would support staff in completing this process safely.

Staff shared key information to keep patients safe when handing over their care to others. Post surgical care of the patient was clearly transferred to the consultants' host trust and the consultant would remain involved in the patient's care. Discharge letters were also sent to the patient's GP's to inform them of their procedure.

Patient notes included all necessary key information to keep patients safe.

## 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 staff a full induction.**

The service had enough nursing and support staff to keep patients safe. In addition to the substantive members of staff, the service had access to speciality nurses who were on a zero hour contract to support the service's needs.

# Surgery

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

Managers and the matron could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers.

Managers used a comprehensive staffing tool to support the establishment during operating list days to match the skills needed for the day. They requested staff familiar with the service.

Managers made sure all 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.**

The service had enough medical staff to keep patients safe. Medical staff led their own clinics and consultants would provide the hospital with their availability in advance of clinics being booked.

Medical staff were employed by the service using practising privileges. Practising privileges means that staff are employed elsewhere but can work for another service in a limited, defined capacity. When doctors were employed under practising privileges their clinical background was checked and a set of criteria, based on their expertise, for the patients they could see was drawn up.

The medical staff matched the planned number.

The service had a good skill mix of medical staff. This allowed the service to have specialist consultants assigned to each operating list.

The operating consultant was on call for 24 hours during each patient's surgery. After the day case surgery and if any concerns were raised the consultant was informed and a referral to the consultants' trust actioned to support the patients' needs.

## 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. Assessment and day records were kept in paper format. The service had a plan to implement a full electronic patient records system by December 2022.

Staff prepared a patient clinic file before each clinic. This included the records for each patient due to attend the service. The records included patient history, investigation / test results, referral letters and any previous clinic consultation letters.

# Surgery

We reviewed two sets of records and found they were legible and complete. All relevant documentation had been completed and signed. The pre-operative assessment had been completed for both patients we reviewed.

When patients transferred to a new team, there were no delays in staff accessing their records. Discharge letters were produced and sent promptly to relevant health professionals.

Records were stored securely.

## Medicines

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

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff followed systems and processes to prescribe and administer medicines safely.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines, including controlled drugs, and prescribing documents safely. The service regularly audited compliance of documentation and medicine prescribing and demonstrated 100% compliance with their targets.

Staff followed national practice to check patients had the correct medicines when they were admitted and discharged from the service.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

## Incidents

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

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.

Staff reported serious incidents clearly and in line with the service policy.

Staff understood the duty of candour. They explained how they would be open and transparent and give patients and families a full explanation if and when things went wrong.

# Surgery

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. We saw records of these being discussed in clinical governance meeting minutes. There was also evidence that changes had been made as a result of incident investigations.

Managers investigated incidents thoroughly. We reviewed the service's incident log and were assured that all recorded incidents were rated correctly, investigated and lessons learnt identified and actioned.

## Are Surgery effective?

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.**

Patients received care based on national guidance such as the National Institute for Health and Care Excellence (NICE). We saw evidence in medical advisory committee and clinical governance meeting minutes of discussion of NICE guidelines.

Staff followed up to date policies to plan and deliver quality care according to best practice and national guidance. We reviewed nine services policies. Each policy had been produced in line with national guidance and had a renewal date.

Updates to policies and procedures were cascaded through staff meetings and through staff annual appraisals.

### Nutrition and hydration

**Staff gave patients information about fasting and followed national guidelines to make sure patients were safe during their surgical procedures.**

Patients were given information pre-operatively about appropriate fasting times before surgery.

Nutritional risk assessments were carried out at the pre-assessment appointment.

All patients were day case patients and therefore the service did not offer meals. They did however offer hydration as required by the patients.

### Pain relief

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

The service supported patients in the pre-assessment stage of their journey to educate and explain safe and effective pain management.

# Surgery

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.

The service monitored feedback from patients regarding pain management. As an example, the service identified a surgical procedure that had negative feedback regarding discomfort and pain following the procedure. The service introduced a standard medication bundle to support the management of pain, informed all consultants of the need to document the standardised supply of analgesia and audited case notes to ensure the medication bundle was being given to patients. The audit revealed 100% compliance with the use of the bundle and improved patient satisfaction since changes were made.

Staff prescribed, administered and recorded pain relief accurately.

Patients could contact the service if they were having pain post operatively to support pain management.

## 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. These outcomes were mainly measured by patient satisfaction as the service no longer participated in the Patient Reported outcome Measures or the National Joint Registry as they no longer performed joint replacement operations at the hospital.

Managers and staff used the results to improve patients' outcomes.

The service had a low risk of readmission for elective care.

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. Audits included day case surgery rates, records audit and a surgical safety checklist audit.

Managers shared and made sure staff understood information from the audits. Improvement was checked and monitored.

## 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.**

Consultants working for the service were employed under practising privileges. All the consultants held substantive posts in NHS trusts.

# Surgery

Consultants were required to provide up to date copies of their professional registration, qualifications, training, appraisals, indemnity insurance and DBS check. An administration team ensured that practising privileges documentation was reviewed regularly, and they had a system in place to ensure they knew when documentation was due to expire. We reviewed the consultant list and were assured that professional registration, qualifications, appraisals, indemnity insurance and DBS check were in date or noted to action.

Staff employed by Tyneside Surgical Services had annual appraisals. We were told the appraisal rate for substantive staff was near 100% and any staff requiring an appraisal were booked to do so.

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 by the service. 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.

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

Managers made sure staff received any specialist training for their role.

## 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 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 ran a seven day service.

Consultants cared for their patients from the start of the clinical journey, until the end, including weekends. Patients were reviewed by consultants depending on the care pathway.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Health professionals



# Surgery

Staff assessed each patient's health when admitted 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. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. All records we reviewed had signed consent by the patients.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff received and kept up to date with training in the Mental Capacity Act.

## Are Surgery caring?

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. We heard from patients how they felt they were part of the treatment process and felt that attention was given to their needs.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We reviewed seven of the most recent feedback cards. All cards stated that patients gave the service a five star rating.

# Surgery

## 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. We heard examples where staff had supported lonely patients and ensured they felt accompanied during each stage of the surgical pathway.

Staff demonstrated empathy when having conversations with patients. We saw this during one of the procedures we observed where staff ensured the patient was calm and kept up to date with each stage of their surgery.

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 simple language that all could understand.

Patients gave positive feedback about the service. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We reviewed seven feedback cards which supported this. Additionally, the service audited patient satisfaction through their satisfaction questionnaires. The friends and family test in the quality account for 2021-2022 scored 99.6% that people would recommend the service to their friends and loved ones.

The service was also able to monitor anonymous patient feedback relating to each consultant. This supported the service in identifying pockets of good practice and areas for improvement with tailored feedback.

## Are Surgery responsive?

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

## Service delivery to meet the needs of local people

**The service ensured people's individual needs and preferences were central to the delivery of tailored services and the communities served. It also worked with others in the wider system and local organisations to plan care. The services were flexible, provided informed choice and ensure continuity of care.**

# Surgery

Managers planned and organised services, so they met the needs of the local population. The service actively engaged with several NHS trusts and clinical commissioning groups (CCG's) to support them in addressing their needs for level one and level two elective surgery. As an example, the service had recently agreed to support a large cohort of patients from a local CCG who were waiting for surgery for over 52 weeks.

Patients could choose to access Tyneside Surgical Services through the NHS e-Referral Service. The service offered a number of different surgical specialities.

The service had agreements in place that a surgeon could refer a patient to their own practice in an NHS hospital if the case was too complex to be a Tyneside Surgical Services patient. This meant that the patient was not waiting for a re-referral by the GP.

Facilities and premises were purpose built for the services being delivered. Equipment and facilities were streamlined to provide patients with an easy seamless pathway of care for their day case surgeries.

The service had integrated outpatient clinics and diagnostic services to minimise delays to the people who used their services

The service had systems to help care for patients in need of additional support or specialist intervention.

## Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The service ensured that any individual needs were identified in the patients pre surgical information and were shared with the whole team.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The administration team booked interpreters if required. The service had a contract with an interpreting service and was aware how to book them.

Staff had access to communication aids to help patients become partners in their care and treatment.

## Access and flow

**People could access the service in the time and way they needed it and received the right care promptly. Technology was used innovatively to ensure people had timely access to treatment, support and care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

# Surgery

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 to ensure a coordinated use of available theatre dates and times.

Patients were offered dates and times that suited them for their surgeries. Patients could choose from three available dates for their surgical procedures.

Managers monitored waiting times, made sure patients could access services when needed and received treatment within agreed timeframes and national targets. They also monitored waiting times for each speciality. At the time of the inspection, the service had an average 13 week wait for all surgical specialities provided. This was better than the set national target of an 18 week waits.

Although the service had patients breaching the 18 weeks wait target, they monitored the reasons for this closely and offered patients solutions to have their surgery as soon as possible. The main reason for these breaches were patients that had been referred to the service as inter patient transfers from long duration waiting lists from local NHS trusts. The service told us they had a plan in place to address breaches from this wait list in a period of six weeks. The service also reviewed other reasons for delays in surgery and identified points such as patient choice for the date of surgery, surgical speciality and re-arranging surgery dates due to the COVID pandemic as reasons that impacted on waiting times.

The service monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments (DNA) were contacted and their surgery rescheduled.

Managers and staff worked to make sure patients did not stay longer than they needed to. Managers and staff worked to make sure that they started discharge planning as early as possible. Staff planned patients' discharge carefully. We heard positive comments from consultants on how safely and efficiently patient surgical lists were managed ensuring that admission, surgical procedure and recovery did not exceed expected wait times and sometimes were much better than expected.

Managers made sure they had arrangements for consultants to review any surgical patients following surgical procedures. All stakeholders in the patients' care were informed of the surgical procedure and provided with a discharge letter. Patients were given a hotline telephone number to ring if they had any concerns following discharge.

Managers worked to keep the number of cancelled appointments to a minimum. When 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.

Staff supported patients when they were referred or moved between services.

Managers monitored patient transfers and knew how to follow national standards. Since January 2022 no patient transfers occurred.

## 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.**

# Surgery

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 and on their website.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Formal and informal complaints were recorded. We saw evidence of complaints being discussed at senior management level including governance meetings and medical advisory committee meetings.

Since January 2022 to the date of the inspection the service received three formal complaints. We reviewed one complaint process and found that it was dealt with appropriately.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

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 Surgery 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 clearly defined leadership structure that supported the delivery and management of the service. Roles for each member of the executive and leadership team were defined and the team supported each other well.

Managers and directors we spoke with displayed an all-round knowledge of their areas of responsibility and they understood the risks and challenges to the services they managed.

Executives and clinical managers were known by the staff and were highly visible across the hospital. Staff described seeing executives on a daily basis and said they were always approachable.

We found that the leadership team had provided training and support to staff. Staff at the service were encouraged to take on more senior roles.

### Vision and Strategy

# Surgery

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

The service had a clear vision to be a safe, caring and integral part of the local health economy by providing the very best in healthcare for patients living within the North of England.

The clinical strategy was defined by clear objectives around ensuring that quality was at the heart of everything and to continuously improve the quality, safety and patient experience

All managers for the service had an aligned vision and strategy for the service in line with the service values. This was clearly recorded in the service's quality account.

There was a clear plan for delivery of their strategy but due to the COVID pandemic there had been delays and impacts on the delivery of the service. However, we saw clear evidence that processes and practices were being well used to overcome these challenges and delivery of strategic targets was in the process of being met.

## 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.**

Managers identified that they looked to create an open and honest culture by leading by example and promoting the service's values. We heard this was done by having an open door policy, interacting with staff daily, doing walk rounds the hospital every day and by spending time with the patients.

Managers at all levels expressed pride in their team and gave examples of how staff adapted to changes brought about by the pandemic as well as supporting other parts of the organisation and the NHS during the crisis.

Staff we spoke with said they liked working at the hospital and felt there was a supportive team behind them to make things run smoothly.

All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers.

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

## Governance

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

The service worked closely with the commissioners and took part in generating an annual quality account for key stakeholders. Within the quality account the service identified priorities to make changes and improvements going forwards. These were regularly reviewed and monitored.

# Surgery

The service was committed to a clear governance framework which promoted knowledge and improved ways of working. This was supported by the clinical governance meeting and the medical advisory committee.

The service held regular meetings for both the clinical governance meeting and medical advisory committee meeting. We reviewed meeting agendas and minutes since January 2022 to the date of inspection and found that these were comprehensive and covered important and clearly defined areas to promote good governance in the service.

Governance processes assured that changes to activity or clinical guidance were cascaded through the team and all staff were updated with the most recent guidance. The governance process also guaranteed that updates to policies and procedures were shared and implemented effectively.

Governance processes were supported by an audit programme that worked in partnership with the quality account. We saw evidence that the audit programme had led to positive changes in practice.

The governance process also assured that complaints and learning from complaints were completed in quick timeframes and changes to practice implemented and monitored effectively.

## 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 systematic programme of clinical and internal auditing to monitor quality and operational processes. For example, the service used the clinical governance meeting and medical advisory committee as a tool to monitor risks, issues and performance and identify action points should they be required.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them.

The hospital risk register was discussed regularly at governance meetings to ensure all staff knew what was considered to be the biggest risks at the hospital.

The service had systems, policies and procedures to manage unexpected events such as power cuts and floods.

## 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.**

The service had designated leads to collect their clinical audit data and to share the results. At the time of inspection, the service had not completed all audits, but we saw evidence of data being collected to support the delivery of the audit calendar.

Staff had easy access to local operating procedures and policies.

# Surgery

The service had an administration team that collated information for the consultants and prepared the pre assessment information packages for the consultants and their lists. Information was managed safely and in line with the General Data Protection Regulation 2016.

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

## Engagement

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

The service treated NHS funded patients and as a result worked closely with local, clinical commissioning groups, NHS trust hospitals and GP services. We were told the quality of referrals and the information included within them was good and enabled the service to see patients sooner, therefore improving the service they received.

The service was part of the relevant clinical commissioning networks and reported outcome measures to key stakeholders.

We saw the service regularly engaged with the public and with patients. Information and feedback were collected, analysed and used to improve services.

Regular team meetings took place and staff told us they felt fully involved and able to contribute to service developments.

## 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.**





There was a culture of continuous learning and development in the service. The service sought suggestions from staff at all levels to improve the patient experience.

Quality and performance data were collected and made available to staff to enable them to change or improve practice. This was also discussed as part of the team and manager meetings.

Staff told us how the service managers promoted and encouraged learning and improvement. This was further supported by their annual appraisal and their learning actions.



## Medical care (Including older people's care)

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

### Are Medical care (Including older people's care) safe?

Good 

We have not previously rated this service. We rated it as good.

For mandatory training, safeguarding, records, and incidents, please see surgery.

#### 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.**

All parts of the endoscopy suite were clean and tidy with storage cupboards and trays well-ordered and labelled. Cleaning records were up to date and demonstrated that areas were cleaned regularly.

The endoscopes were cleaned and decontaminated in a dedicated decontamination suite immediately adjoining the procedure room. This was managed by an external provider under a service level agreement (SLA). We saw purpose built sinks designed to facilitate manual and semi-automated clearing as well as keeping the scopes in a moist environment until they were reprocessed in the washer-disinfector.

We saw records that indicated that once an endoscope had been used for a procedure, details were recorded in a logbook with time, date and patient number. A label with this information was added into the patient record to complete the tracking cycle.

We reviewed documents showing that decontamination units were tested in accordance with national guidance. Managers explained that medical devices and test reports were validated by an independent authorising engineer in decontamination from an external provider under an SLA.

There were no reported infections. An external provider tested the water supply for bacteria and the procedure list was not commenced until results verified. Water samples were also sent to an external laboratory for more detailed testing.

The service monitored the water supply for the risk of Legionella, and we saw evidence of recent checks which were clear.

We saw that all cleaning agents used during the decontamination process were kept in a lockable cupboard and all chemicals used had supporting documentation describing how to safely store and handle them.

## Medical care (Including older people's care)

The endoscopy suite and all rooms were air-conditioned. Room ventilation was suitable with negative air pressure in 'dirty' rooms to reduce the possibility of airborne particles moving into clean areas of the endoscopy suite.

Managers stated that there was a dedicated member of staff who undertook the decontamination process and had received the required training.

The service was in the process of accreditation by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). The service had achieved their certificate of suitability for continued use attributed by the Institute of Healthcare Engineering and Estate Management.

See further information under this sub-heading in the surgery section.

### Environment and equipment

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

The endoscopy suite was a purpose-built procedure and cleaning facility.

Resuscitation equipment was easily available and checked daily. Medical gases and uninterruptable power supply were also in easy reach.

Clinical waste was handled, stored and removed in a safe way. Staff segregated and handled waste in line with national guidance.

The service undertook assessments of their activities in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). We saw cleaning agents kept in a locked metal cupboard in the utility room.

We saw that consumables used by the service were within date and in sealed packaging.

The equipment we checked had labels attached showing service dates. Servicing and maintenance of equipment was managed by an external company through a service level agreement (SLA)

Staff stated that there were enough endoscopes (tubular instrument used to look inside the body) to complete procedure lists and the service had enough endoscope washer-disinfectors to ensure endoscopes were treated between uses in line with national guidance.

### 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**

The service identified patients who were of high risk due to comorbidities and reassigned them to their local NHS trust. Endoscopy service at Tyneside Surgical Services were provided to day case patients only.

## Medical care (Including older people's care)

The service had a standard operating procedure should a transfer of a patient be required. From January 2022 to the date of the inspection no transfers had occurred.

The service stored blood products safely and could commence therapy should this be required.

Biopsies were sent to the local NHS trust. If any concerns were raised there was an SLA to use a red alert pathway for immediate action for patients at risk.

### Staffing

**The service had enough nursing and 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.**

A qualified endoscopy lead nurse operated the service and was a substantive member of staff. The remaining nursing staff were speciality nurses who were on a zero hour contract to support the service's needs and who's plan was completed a month in advance.

Medical staff were employed by the service using practising privileges. The service had access to colorectal surgeons, gastroenterologists and an upper gastrointestinal surgeon.

### Medicines

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

The endoscopy lead nurse used patient group directions (PGDs) to administer sedation, in line with hospital policy.

Systems were in place for the safe storage and disposal of medicines. This included temperature-controlled, secure storage with restricted access.

### Are Medical care (Including older people's care) effective?

Inspected but not rated 

We do not rate endoscopy services for effective.

Please see surgery

### Are Medical care (Including older people's care) responsive?

Good 

We have not previously rated the service. We rated it as good.

For meeting people's individual needs and learning from complaints and concerns, please see surgery.

# Medical care (Including older people's care)

## 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.**

There were 236 endoscopic procedures completed from January 2022 to May 2022. The service identified that they had the availability to undergo more procedures if required.

The endoscopy suite was purpose built for the services being delivered

See further information under this sub-heading in the surgery section.

## 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 monitored.**

The service monitored their endoscopy waiting list effectively. Waiting list patients were monitored under the categories of surveillance patients, patients with a target controlled infusion date or patients with no current date.

The service monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments (DNA) were contacted and their procedures rescheduled. Endoscopy service had a low rate of DNA's at 0.42%.

See further information under this sub-heading in the surgery section.

## Are Medical care (Including older people's care) well-led?

We have not previously rated the service. We rated it as good.

For leadership, vision and strategy, governance, management of risks, issues and performance, information management, engagement and learning, continuous improvement and innovation, please see surgery.