

Circle Health Group Limited

The Kings Oak Hospital

Inspection report

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the-kings-oak-hospital](http://www.circlehealthgroup.co.uk/hospitals/the-kings-oak-hospital)

Date of inspection visit: 14 June 2022

Date of publication: 05/08/2022

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?

Outstanding 

Summary of findings

Overall summary

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Our rating of this location stayed the same. We rated it as good. See the overall summary above for details.



Summary of findings

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Summary of this inspection

Background to The Kings Oak Hospital

The Kings Oak Hospital is operated by Circle Health Group Limited. Facilities include two operating theatres, one medical oncology and one surgical ward, one ward for services for children and young people, phlebotomy and minor operations room, outpatients and diagnostic imaging department.

The hospital opened in 1991. The hospital has 39 beds and is located on the grounds of Chase Farm Hospital in Enfield. Services are provided to both insured, self-pay private patients and to NHS patients through both GP referral and contracts. The hospital has had a registered manager since 2010. The current registered manager has been in post since April 2021. The hospital provides a range of services, including surgical procedures, surgical and inpatient care, oncology day case care, inpatient care for children and young people, outpatient consultations and diagnostic imaging. There are two operating theatres, 12 outpatient consulting rooms, a minor procedures room, minor treatment room and a phlebotomy room.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 14 June 2022.

We only inspected the Surgery core service as this was the main activity at the hospital.

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:

- There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements.
- Governance arrangements were proactively reviewed and reflected best practice. Quality governance was incorporated into every level of the organisation through a variety of process from the ward to the board and from the board to the ward. Information was filtered up from and down to staff. There were various committees with a lead responsible for the meetings and escalating issues.
- There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles.
- The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.

Summary of this inspection

- The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow up that was required.
- Feedback from patients and those who are close to them was consistently positive about the way staff treated them. Patients felt really cared for and that they matter. Patients think that staff go the extra mile and their care and support exceeds their expectations.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found most staff had completed their mandatory training (95%).

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

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

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Clinical staff received safeguarding children training to level three (100%) and safeguarding adults to level two (100%). One

Surgery

clinical staff member received safeguarding adults training to level three. Administrative staff received safeguarding children and adults training to level two. The service had a safeguarding lead trained to level four, who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities. Staff had access to a level five trained member of the corporate team.

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

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

The hospital's mandatory training included a PREVENT module to help staff identify patients and find ways to prevent people being drawn into terrorist or extremist groups and/or activity. Records showed all staff had completed this training (100%).

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

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

There were no reported safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

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

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

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

The service consistently performed well for cleanliness. There were regular infection prevention and control general principles and practice, theatre asepsis, hand hygiene and invasive devices.

Two staff members completed a 'train-the-trainer' course for the aseptic non touch technique (ANTT) and provided training to colleagues to reduce the risk of introducing infections.

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

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

Records showed there were no staphylococcus aureus (MRSA), methicillin-susceptible Staphylococcus Aureus (MSSA), escherichia coli (E. coli) or clostridium difficile (C-diff) in the previous 12 months. The hospital reported two urinary tract infections (UTI) and six surgical site infections (SSI).

The hospital worked effectively to prevent SSI. One of the theatres had a laminar flow system, which circulates filtered air to reduce the risk of airborne contamination of wounds and sterile equipment. We saw that the ventilation system within theatres had been regularly checked for bacteria.

Environment and equipment

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

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

The hospital had annual site visits where an external assessor reviewed aspects of the service, including the environment and equipment and an action plan was implemented for improvement. The hospital was in the process of completing a redevelopment programme. New computers had been ordered and air conditioners and floors had been installed. The service was in the process of refreshing consultation rooms, patient rooms and bathrooms. Equipment which had been upgraded and replaced include the anaesthetic machine, camera stacks, drills and saws.

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

Staff carried out daily safety checks of specialist equipment. The ward and theatres were equipped with enough monitoring equipment for the number of patients treated. Staff carried out checks on equipment such as the resuscitation trolley, emergency call bells and fridge temperatures. Resuscitation equipment was located on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. Staff carried out a monthly audit of the resuscitation equipment to ensure it was present and within date. Audits of the previous six months showed 100% compliance.

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

Surgery

We saw that theatres had a difficult intubation and a cardiac arrest trolley appropriately sited in accordance with the hospital policy.

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

Assessing and responding to patient risk

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

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

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

Staff carried out a risk assessment for methicillin-resistant *Staphylococcus aureus* (MRSA) prior to admission in line with hospital policy. We were told the outcome of the risk assessment would determine whether a patient needed to be tested.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The service used the 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. From April 2021 to May 2022 an audit of the WHO Surgical Safety Checklist found 99% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient policy where patients would be referred to another nearby hospital if specialised care was required, which the hospital did not provide. All staff were trained in adult immediate life support (100%). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From April 2021 to May 2022 the NEWS2 audit found 99% compliance. There was a structured communication tool for handing on information to a clinical colleague about a deteriorating patient. Staff used the situation, background, assessment, recommendation and decision (SBARD) communication tool.

The service responded to one deteriorating patient in the previous 12 months and the service followed its policies and procedures.

The hospital had procedures for the recognition and management of sepsis and staff described how they would identify a deteriorating patient. Staff completed training on the care and communication of the deteriorating patient which included sepsis (68%).

Surgery

Staff knew about and dealt with any specific risk issues. Under the hospital assurance monitoring tool staff regularly reviewed data for healthcare associated infections (HAI). Staff said there were very low rates (HAI) and these were recorded on the clinical indicators and performance standards.

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

Patients were followed up by telephone within 48 hours after discharge to check on their progress and to answer any questions they may have.

Nurse staffing

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

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

The staff to patient ratio requirement was calculated in line with a national safer staffing guidance. The hospital ratio for nurse to patient was 1:4. Staff said there is always a senior manager on shift and an on-call team in the unexpected event of readmission or returns to theatre. The service monitored the staffing ratio at several points throughout the course of the day to ensure it provided safe and responsive care.

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

Managers limited their use of bank and agency staff and requested staff familiar with the service.

There was a clinical nurse specialist (CNS) and an assistant for the breast specialism. The CNS followed the patients through their journey from the outpatients department, to diagnostics, pre- and post-operative surgery and follow up care. The CNS attended and contributed to multidisciplinary team meetings (MDT).

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

The hospital reviewed staff absence and recruitment and retention information.

Medical staffing

The service had enough medical staff to keep patients safe. There were 104 consultant doctors working under practicing privileges. The hospital performed surgeries in the following disciplines general, breast, and gynaecology, oral and maxillo facial surgery, plastic, urology, vascular, trauma and orthopaedic surgery.

Surgery

Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the Medical Advisory Committee, which reviewed and approved the scope of practice submitted by an applicant. The service monitored compliance with the practicing privileges policy.

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. There were 53 anaesthetists working under practising privileges. Anaesthetists covered the theatres and wards and were available for emergency surgeries. The hospital employed one part-time anaesthetist to assist with pre-operative assessments. Registered medical officers (RMO) covered the day-to-day care of patients on the ward. RMO were provided by an external company and there was always an RMO on call 24 hours every day.

Records

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

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

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

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

A record keeping audit from June 2021 to May 2022 found 100% compliance with the service's procedures.

Medicines

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

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

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

Controlled medicines were administered in line with published guidance. Medicines were within date and stored in a secure locked cupboard. Controlled medicines were regularly reviewed and audited to ensure the hospital complied with the standard operating procedures and regulations. The service completed quarterly audits of controlled medicines and records showed that the service performed consistently to a high standard (100%)

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about the medicines prior to surgery as well as post-surgery.

Surgery

Staff completed medicines records accurately and kept them up-to-date. Records we checked showed allergies were recorded where necessary and entries were complete. The service completed several audits to ensure staff followed best practice guidelines. An antimicrobial audit from June 2021 to May 2022 found 99% compliance and medicines management audit 100%. From November 2021 to June 2022 the administration of drugs audit (100%) and the pharmacy reconciliation and missed doses audit (96%) showed compliance with the drug administration policy.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

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

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. We reviewed the incidents reported in the previous 12 months and found they were reported and investigated in line with the service's procedure. Incidents were categorised into areas such as clinical, deterioration, infection control, medical records and operations cancelled. For each incident the actions taken, and lessons learned were recorded where applicable.

The service had no never events on any wards. Records provided by the hospital show there were no never events or serious injury incidents in the previous 12 months. The reported incidents were mainly low harm or no harm. There was one serious incident which was reviewed, and the learning shared with staff at the subsequent governance and staff meetings.

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

There was evidence that changes had been made as a result of feedback. Staff discussed learning from incidents at clinical governance meetings. For example, staff reviewed the escalation protocol following a sharps injury.

Safety thermometer

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

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

The service completed a quarterly venous thromboembolism (VTE) for patients undergoing surgery or for those at risks. Audits from the previous 12 months shows 99% compliance with the services procedures. Results of the audit are discussed at unit meetings and may be escalated to the hospital clinical governance committee to the corporate clinical governance committee where necessary.

Surgery

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. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Hospital policies we reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with national guidance, such as the National Institute of Clinical Excellence (NICE) and the Resuscitation Council. Policies and procedures were reviewed by the corporate team and the quality and risk committee with the involvement of the managers, such as the director of clinical services, theatre manager, chief nurse and infection prevention and control (IPC) lead.

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

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

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

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

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

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

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

Surgery

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

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

Specialist support from staff, such as dietitians, were available for patients who needed it. The service had access to dietitians who worked under practising privileges. The dietitian provided patients with advice on nutrition and health.

Pain relief

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

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

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

Patients received pain relief soon after requesting it. Patients said they did not have to wait long for their pain relief. Pharmacy staff supported pain management on the ward and provided advice and support to patients and clinical teams.

Staff prescribed, administered and recorded pain relief accurately. We saw this was recorded on the patients' prescription charts. From October 2021 to May 2022, an audit of the records for pain management found 96% compliance.

Patient outcomes

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

The service participated in relevant national clinical audits. The hospital contributed to relevant national audits including the National Joint Registry (NJR), Patient Related Outcome Measures (PROMS) and Public Health England (PHE) surgical site infection surveillance. The hospital used audits to benchmark their service against other similar services and develop plans for improvement.

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. They used an electronic application to submit audit information which allowed specific standards to be monitored. There were three reported surgical site infections and two patient falls in the previous 12 months. There were no reported unplanned returns to theatre, readmission within 28 days, unexpected admission or mortality.

Surgery

Staff said post-surgery complications were rare. The hospital monitored any post-surgery complication, the length of stay and ward-based care.

Managers and staff used the results to improve patients' outcomes. Staff completed clinical audits on the ward, such as peripheral intravenous care and urinary catheter care, and gave staff additional training. Staff participated in a national programme, "getting it right the first time", designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. Reviews had been completed for orthopaedic and spine surgery. The outcomes were positive for hip revision rates, elective knee replacement surgery and the length of stay rates. An action plan had been implemented for any outstanding actions. For example, providing information to the British Spine Registry on the outcomes of spinal procedures. Staff said the next review would be for gynaecology procedures.

The service was working towards accreditation from the Association for Perioperative Practice (AfPP) who developed standards and recommendations for surgery. The accreditation covered validation of the theatre environment, patient experience and the process and practices in theatres.

Competent staff

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

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

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

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 100%. Staff told us they used this process to establish goals for the rest of the year and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

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

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

Managers made sure staff received any specialist training for their role. Staff completed surgical first assist training and advanced infection prevention and control training. All staff on the pre-operative assessment team received training and developed their competencies to perform their duties consistently.

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

Multidisciplinary working

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

Surgery

Staff held regular and effective multidisciplinary team meetings (MDT) to discuss patients and improve their care. We saw examples of regular MDT meetings to discuss the care and management of patients with breast cancer. Records showed details of the discussions of the patient's diagnostic images, histology and the proposed surgical intervention.

Consultants and nurses worked with this team to plan and deliver seamless treatment pathways. There was a daily meeting in theatre and on the wards, which provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action.

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

Staff held MDT meetings for patients undergoing breast and, where necessary, orthopaedic surgery. These meetings were attended by the consultants, radiologists, clinical nurse specialist and physiotherapist.

Seven-day services

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

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

The hospital carried out elective operations between Monday and Saturday. Theatres operated between 8am and 8pm Monday to Friday and 8am until 4pm on a Saturday.

The pharmacy was open Monday to Friday 9am to 5pm.

A registered medical officer (RMO) was on duty 24 hours every day.

There was an on-call radiographer and diagnostic imaging services were available out of hours.

Health promotion

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

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

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

Are Surgery caring?

Good 

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

Compassionate care

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

People are always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated. We saw staff treating patients with respect and dignity. We witnessed staff knocking on doors before entering a room and patients knew the name of the staff members who were attending to them. Staff answered patient enquiries and interacted with patients in a friendly, caring and sensitive manner. We observed patients being prepared for surgery and spoke with patients on the ward. We spoke with nine patients who were complimentary about the service. Patients said, "excellent service with care and dignity", staff were so attentive to my queries and supportive to my needs and request", "care and attention was amazing" and "I could not have had better care".

Feedback from patients and those who are close to them was consistently positive about the way staff treated them. Patients said, "staff were reassuring to my husband who was not able to accompany me", "excellent staff from booking procedure, to reception staff, to ward staff and surgical team on the day."

Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients said staff treated them well and with kindness and were very helpful and reassuring. The service completed a comprehensive patient satisfaction survey. Patients rated their experience of the service as good or very good (99%). Patients were asked if someone on the hospital staff was available to talk to about worries, if they were told about medication side effects and if they knew who to contact after leaving the hospital. The service performed highly and consistently in these questions.

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Patients felt really cared for and that they matter. Patients think that staff go the extra mile and their care and support exceeds their expectations. Patients said, “simply excellent, I forgot I was at a hospital”, “everyone was caring and could not do enough to assist me”, “excellent service, staff made me feel very safe and reassured” and “very polite, could not do enough for me, “I was very nervous but all the staff were outstanding, I cannot thank them enough” ”

Staff followed policy to keep patient care and treatment confidential. We noted that doors were kept closed when patients were being attended to and that all patient records were stored securely. From June 2021 to May 2022 all patients said they were treated with respect and dignity and all patients said they were given privacy when discussing their condition and treatment (100%).

Emotional support

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

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

Patients undergoing breast surgery as a result of a breast cancer diagnosis had access to a clinical nurse specialist (CNS), for emotional support and advice. The CNS established a patient support group which offered patients the opportunity to share their thoughts and experiences, identify coping mechanisms and reduce feelings of anxiety, distress and loneliness.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed. The hospital ensured there were staff available to speak to patients about their concerns. From June 2021 to May 2022, 98% of patients said they had someone at the hospital to talk to about their worries.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety associated with the procedures and supported patients as much as possible. Patients said, “staff were very supportive and helped to ease my anxiety”, “I was treated with respect and dignity. Someone was always available to help” and “I felt comfortable, safe and reassured”.

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.

Patients who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each. Patient leaflets were available to provide information about various treatment and staff explained what to expect whilst in hospital and on discharge. We reviewed the 'having a surgical procedure' information leaflet for patients which included relevant information on preparing for the procedure, fasting instructions, medication, returning home and follow up appointments. Patients said, “staff kept me informed constantly,” and “staff keep me informed all the times.”

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Staff recognise that patients need to have access to, and links with, their advocacy and support networks in the community and they support people to do this. The hospital worked closely with the clinical commissioning group (CCG) to review the patients need for home care post-operatively. For example, staff liaised with the CCG to arrange care home packages for patients who had orthopaedic surgery. The hospital established links with local community support groups for patients with breast cancer.

Staff always empower patients who use the service to have a voice and to realise their potential. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their treatment. The service had a high response rate (82%). The service analysed patients' comments and categorised them to find themes and trends. There was a patient experience forum which met quarterly as a part of their engagement and quality improvement strategy. Records showed the service discussed patient feedback and identified any areas of improvement.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way patients could understand. The patient satisfaction survey from June 2021 to May 2022, showed 98% of patients received information on their treatment in a way they could understand. Patients said they had sufficient time with the consultant (98%) and they were able to ask questions.

Are Surgery responsive?

Good 

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

Service delivery to meet the needs of local people

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

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

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

Managers worked to keep the number of cancelled operations to a minimum. Staff monitored the reasons for any cancelled appointments and this was reported each month. From June 2021 to May 2022, the service cancelled 133 surgeries where patients were not fit for surgery, which was 4% of all surgeries. When patients had their admissions cancelled, staff ensured they were rearranged as soon as possible. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible. There were 30 missed surgery admissions which was 1% of all surgeries.

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Meeting people's individual needs

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

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available. Two members of staff had undertaken a basic sign language course to assist with patient communication.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The hospital had doctors working under practising privileges who were trained psychiatrist and psychologist and patients could be referred where necessary. The service had a dementia and learning disability champion. There were no patients on the ward with additional needs at the time of our inspection, but staff understood the adjustments that may be required to assist patients.

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

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

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

Access and flow

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

People could access services and appointments in a way and at a time that suits them. There were no waiting lists for the service and staff worked together to facilitate rapid access to services. Patients were offered the first available appointment. In the previous 12 months, the service performed 3042 surgeries for adults and 179 for children. The service monitored the referral to treatment times and the key performance indicator for NHS patients was 18 weeks. Records showed that 69% of surgeries were completed in less than 18 weeks and almost all surgeries were completed within 18 weeks (99.8%). The service reported there were four patients that did not receive treatment within the KPI and three of these patients were referred back to their GP and one patient requested a delay in the procedure.

Staff said there was a five-day booking guideline for private patients to allow sufficient time to complete a pre-operative assessment. Patients booked their surgery at a time that was convenient to them. Staff said private surgery was generally booked within a two-week period.

There was a comprehensive pre-operative assessment to reduce the risks associated with surgery and anaesthesia. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

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Managers and staff worked to make sure that they started discharge planning as early as possible. We saw that discharge was a core part of the pre-operative assessment, which included any physiotherapy needs as well as any equipment or community support requirements. Patients said they were kept informed about their expected discharge date and time (97%) and they felt ready to be discharged when they left hospital (99%).

Learning from complaints and concerns

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

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

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

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. Records showed the complaints were reported and investigated in line with the service's complaints procedure. Staff could give examples of how they used patient feedback to improve the service. For example, providing patients with more information on their post-operative care plan.

Are Surgery well-led?

Outstanding



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

Leadership

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

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The hospital's senior management team included an executive director, clinical chair, quality and risk manager, director of clinical services and an operations manager.

The service had an established management structure which included a head of surgery services, a theatre manager, a senior nurse and senior manager. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital.

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

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

There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles. We saw examples of staff development. For example, the hospital supported the infection control lead and a senior nurse to undertake management training. The hospital had developed new clinical leadership roles, including a clinical chair, employed anaesthetist, infection prevention and control coordinator and practice educator. .

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

Vision and Strategy

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

The hospital had a clear vision and strategy. The universal and shared purpose was to provide the high quality, safe and compassionate care patients need and expect. The hospital developed their plan by listening to staff and patients and responding to their needs.

The principles included believing patients came first, believing in staff, believing “good enough” never is and being open-minded and innovative. The values were valuing people who were selfless and compassionate, collaborative and committed, agile and brave, tenacious and committed.

Plans are consistently implemented, and had a positive impact on quality and sustainability of services. The strategic objectives for 2022 included establishing the hospital as the trusted healthcare partner in the North London area, which would prevent patients having to travel into the city; improve clinical reputation evidenced through accreditation and patient outcomes; align structures and resource and support workplace wellbeing. The strategic objectives were regularly reviewed to ensure the sustainability of the service.

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

Staff we spoke with understood the vision and quality measures of the service and how it had set out to achieve them. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

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

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Culture

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

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

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

The service provided opportunities for staff development. For example, two health care assistants (HCA) had completed nursing associate training and were currently enrolled on a university course to become a registered nurse. Two of the theatre nurses completed a laser protection training course and assumed the role of laser protection supervisor.

Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The hospital had a Freedom to Speak Up Guardian who was readily available for staff. If staff wished to speak with someone outside of the hospital, there was a Freedom to Speak Up Guardian on the corporate team. All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong. The hospital created a learning environment so staff could learn from feedback, incidents and complaints. Staff were proficient at recording incidents and 'near miss' situations and learning from them.

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. The patient experience forum was attended by staff representatives from each department, service leads, patient administration and patient liaison manager. All managers worked collaboratively to improve patients' experience throughout the entire organisation.

Governance

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

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

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. The hospital had monthly meetings which passed information to board committees, such as the integrated

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governance, audit and risk, and operational board. There were various sub committees that provided information to the clinical governance committee. Sub committees included financial governance, health and safety, infection prevention and control, medical governance, clinical governance and workforce. Staff discussed the sustainability of the service, future developments such as new services and procedures, the level of activity and quality assurance.

The elements of the hospitals governance assessment framework (GAF), and its component parts, were represented by a circle which effectively illustrated the cyclical inter-connectivity of accountability, information and continuous improvement; from department, to site, to region, to board, and then back again. All parts of the circle were dependent on each other and each segment played an integral and critical role in ensuring good governance. The GAF demonstrated how governance was enabled across the whole organisation.

There was an effective clinical governance structure which included a range of meetings that were held regularly. These included the clinical leadership, heads of department, operational teams, senior management, health and safety, infection prevention and control, and clinical governance.

Staff discussed the sustainability of the service, future developments such as new services and procedures, and the level of activity and quality assurance. There were various committees that provided information to the board such as the medical advisory committee, patient safety quality board, health and safety committee and risk committee. The monthly service line group meetings provided data to various sub committees. The managers evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. Staff had the opportunity to discuss changes they wanted to implement.

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

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

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

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

Management of risk, issues and performance

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

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

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

Risks were identified and addressed quickly and openly. There was a risk management strategy, setting out a system for continuous risk management. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included safe staffing levels, a lack of multidisciplinary team meeting outcomes and the risk of a potential for delay of patient transfer.

Staff discussed the risks to the service at various meetings and documented the progress of any outstanding actions. Progress on each action was reviewed at subsequent meetings.

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

Information Management

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

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

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

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training and most staff completed it (92%).

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

Engagement

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

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There were consistently high levels of constructive engagement with staff and people who used services. Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff actively sought patient feedback and patients provided this through surveys, online feedback and emails. The service engaged with patients to ensure they had a high response to the patient survey (82%). The service performed highly and consistently in all the questions on the survey.

Staff acted on patient feedback and there was a “you said, we did” poster displayed which informed patients about the changes that were made.

The hospital applied for the Workplace Wellbeing Charter in November 2021 to promote a healthier and happier workforce. It completed a self-assessment against eight standards and developed an action plan for improvement. The hospital had improved staff recognition and awards with long service and special recognitions awards. There was a quarterly staff forum where staff provided feedback on their personal growth, well-being and giving back to the community. There was a comprehensive action plan for all the issues the staff raised.

The hospital completed an annual staff survey and had regular meetings where staff could discuss their concerns. Records showed that staff provided feedback on staffing levels and the number of patients on the list. Managers responded by introducing weekly scheduling meetings and increasing the number of staff to support the running of the list.

The hospital appointed a dedicated GP and referrer and engagement lead to form alliances with local GPs. The hospital provided training sessions for GPs in topics such as general surgery, hand surgery and urogynaecology.

Staff made contributions to the decision on how the hospital would make a contribution to the local community. The hospital supported two charities, one for cancer and the other for community support.

Learning, continuous improvement and innovation

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

Improvement was seen as the way to deal with performance and for the organisation to learn. The provider had changed following the last inspection and the hospital had an increased investment in infrastructure, equipment and resources. The clinical governance structure was enhanced, and staff had access to more clinical resources including a broad range of subject matter expertise.

The hospital improved how it monitored progress and compliance and staff were involved in this process. There was a new operating system and all staff had a responsibility to contribute to its goals. The hospital empowered their staff to make the best decisions for patients in order to achieve better patient outcomes. There were open and transparent reviews of incidents and complaints and learning was consistently shared with staff to improve patients' experience.

There had been an investment in new information technology systems and there were plans to introduce electronic patient care records.

The hospital was working towards achieving accreditation from the Association for Perioperative Practice (AfPP) who developed standards and recommendations for surgery and for the Workplace Wellbeing Charter.