Circle Health Group Limited

The Ridgeway Hospital

Inspection report

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Date of inspection visit: 15, 16, 30, 31 March 2022
Date of publication: 29/06/2022

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?	Requires Improvement
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

We carried out a comprehensive inspection of The Ridgeway Hospital on 15 and 16 March and 30 and 31 March 2022. Medical Care and surgery services were last inspected in March 2018, medical services were rated as 'good' and surgery as 'requires improvement'. The service was last comprehensively inspected in April 2016 and was rated as requires improvement overall. At that time, the outpatient's department and diagnostic imaging was inspected under one inspection framework. The Care Quality Commission (CQC) now inspects diagnostic imaging and outpatients as separate core services.

The Ridgeway Hospital provided the following services: surgery (several specialties to include general, orthopedic and cosmetic), medical care (for example, chemotherapy and endoscopy) outpatients and diagnostic imaging. We inspected all these service during this inspection.

Before the inspection we reviewed information we had about the location, including information we received and available intelligence. The inspection was unannounced.

We rated safe as good in medical care and diagnostic imaging and requires improvement in surgery and outpatients. Effective was rated as good in surgery and medical care but is not rated in outpatients and diagnostic imaging. Responsive, caring, and well-led was rated as good in all four services inspected.

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Most staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed medical risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- 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 health 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 them to give feedback. Patients could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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 some community services to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff received training in safeguarding children.
- Not all staff followed policy when completing care records.
- The mental capacity, deprivation of liberty and restrictive practice policy did not always include accurate and up to date information for staff to provide safe care and treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Our rating of this service improved. We rated it as safe because: • The service had enough staff to care for patients and keep them safe. Staff mostly 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 collected safety information and used it to improve the service. • 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 mostly 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

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accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff received safeguarding children training in line with the intercollegiate guidance document.
- The mental capacity, deprivation of liberty and restrictive practice policy did not always include accurate and up to date information for staff to provide safe care and treatment

We rated this service as requires improvement in safe, and good in effective, caring, responsive, and well-led.

Diagnostic and screening services

Good

Diagnostic imaging is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our ratings with previous ones. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective in diagnostic and imaging services.

- 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. 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 to suit patients' needs.

Summary of findings

- 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.

Medical care (Including older people's care)

Good

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

• The service had enough staff to care for patients. Staff had training in key skills and understood how to protect patients from abuse. 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.

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• 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.
Medical care is a small proportion of 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 in safe, effective, caring, responsive, and well-led.

Outpatients

Good

Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our ratings with previous ones. We rated this service as good because it was caring, and responsive, and well led. We do not rate effective in Outpatients.
In the outpatient department there were 12 consulting rooms, including a dedicated ophthalmic room, ear nose and throat room and a treatment room for minor procedures. Clinics were held from 8am to 8pm Monday to Friday in audiology, cardiology, dermatology, dietetics, ear, nose and throat (ENT), gastroenterology, general medicine, general surgery, gynaecology, haematology, neurology, oncology, ophthalmology, orthopaedic, pain management, pathology, psychiatry, cosmetic plastic surgery, reconstructive plastic surgery, podiatry, psychology, radiology, rheumatology, sports and exercise medicine and urology. The clinics were able to extend providing a service on Saturdays if required.
The physiotherapy department has a gymnasium with 3 treatment cubicles, a hydrotherapy pool and 3

Summary of findings

separate consulting/treatment rooms. Sessions were held from 8am to 7pm Monday to Friday with the ability to provide a service on Saturdays if required. From September 2020 to August 2021 there were 6,510 patients seen in outpatients.
During our inspection, we visited the outpatients' department where clinics in general medicine, general surgery, ophthalmology, orthopaedics, ENT, oncology and urology were being held. We also visited the physiotherapy outpatient department. We spoke with five patients and 16 members of staff, including managers, doctors, nurses, allied health care professionals, health care assistants and non-clinical staff.
We rated Outpatients 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 and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them.
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- 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

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

However:

- Consultants did not consistently keep contemporaneous patient records.
- Not all staff received the appropriate levels of safeguarding children training in line with the intercollegiate guidance documents.
- Not all staff had enough knowledge of the mental capacity act and its code of practice to enable them to support all patients to make decisions about their care.
- Staff did not always have the skills, or tools available, to enable them to support patients with additional communication needs.
- Not all areas of the estate were kept visibly clean.

Outpatients is a small proportion of the hospital's activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

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Background to The Ridgeway Hospital

The Ridgeway Hospital is operated by Circle Health Group Limited. The hospital provides outpatient, diagnostics, surgery and medical care including oncology and endoscopy services to adults. Treatment is provided to privately funded and NHS patients. Specialties offered by the service for inpatients and outpatients include genecology, ears, nose and throat (ENT), breast and cosmetic surgery, chemotherapy and oncology, and refractive eye surgery.

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

From October 2019 to September 2020 two thirds of procedures carried out at this service were privately funded and one third were performed on behalf of the NHS.

The three most commonly performed inpatient procedures in this timeframe were:

Hip replacement

Spinal decompression

Knee replacement

The three most commonly performed day case procedures in this timeframe were:

Cataract surgery

Chemotherapy

Diagnostic upper gastrointestinal endoscopy

What people who use the service say

They feel safe and well looked after, that staff are friendly and helpful, and the nurses are so nice. One patient gave the hospital the following feedback “I have had the most wonderful care from every single person. I could not have been made to feel more cared for. The care was above and beyond what I could have hoped for. Thank you”.

How we carried out this inspection

The team that inspected this location comprised of four CQC inspectors and five specialist advisors. During the inspection we spoke with staff including the management team. We reviewed documents and records kept by the service. We also spoke with patients and their family/carers.

The inspection team was supported by an inspection manager and the inspection was overseen by Catherine Campbell, head of hospital inspection.

Summary of this inspection

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

Outstanding practice

We found the following outstanding practice:

- The service engaged with the wider community by providing free seminars to promote women's health to large local employers.
- The service provided gynaecology patients specific booklets and diaries to improve health and wellbeing and support recovery. Diaries for women undergoing hysterectomy contained pre-operative information about preparing for surgery, and post-operative day by day advice and information to support recovery and identify when they might need further medical intervention.

Areas for improvement

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

Action the service MUST take to improve:

Overall

- The provider must ensure they adopt improved governance systems and processes to keep polices up to date; reflecting most current legal frameworks, codes of practice and national guidelines. Regulation 17 (2) (b).

Surgery and Outpatients

- Systems and processes must be established and operated effectively to prevent abuse of service users. All clinical staff must receive level 2 training in safeguarding children. Regulation 13 (2).

Outpatients

- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user. The service must ensure that patient records are always contemporaneous. Regulation 17 (2) (c).

Action the service SHOULD take to improve:

Outpatients

- The service should ensure staff have a good knowledge of the mental capacity act and feel confident to use the code of practice. The service must ensure staff are aware of and know how to access the MCA policy, assessment documentation and best interest guidance. Regulation 11 (1)(2)(3).
- The service should consider providing additional training, and a variety of communication aids to staff to enable them to support patients with communications difficulties.

Summary of this inspection

- The service should consider how it can adapt its environment and signage to make it more accessible for patients with dementia and sensory impairments.
- The service should develop a system to check all areas of the estate are kept visibly clean, including storage cupboards.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Good	Good	Good	Good	Good
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Good	Good	Good	Good	Good
Outpatients	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery safe?

Requires Improvement

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

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, 93% of staff had completed their mandatory training, above the service target of 90%. Some practical training sessions had not been able to take place because of the COVID-19 pandemic. However, the service told us staff had been booked to attend practical training sessions within three months of our inspection.

Mandatory training was comprehensive and met the needs of patients and staff. Staff said they did not have specific training on mental health, learning disabilities, or autism, but working supportively with patients from these groups was covered in Equality and Diversity training.

Staff could see when training was due to be completed or updated using their online training account. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, some staff did not receive safeguarding children training.

Nursing and support staff received safeguarding adults training as appropriate for their role. However, not all staff received safeguarding children training as detailed in the Royal College of Nursing Intercollegiate guidance documents: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). Healthcare assistants (HCAs) in surgery did not receive level 1 and 2 safeguarding children training. If staff are not appropriately trained they may not have the most up to date knowledge and skills to protect children from harm.

Good

Surgery

During inspection some staff told us that they did not need to do child protection training because the hospital did not treat children. However, senior managers told us there had been a delay with HCAs being assigned safeguarding children training on the electronic learning system. They said HCAs had been given three months from our inspection to complete the training.

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

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them when necessary. No safeguarding referrals had been made by the service in the 12 months before our visit, however staff had identified and raised a safeguarding concern that was managed internally.

Staff knew how to make an adult safeguarding referral and who to inform if they had concerns. We saw flow charts in staff areas that gave directions on what to do when they had a safeguarding concern.

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.

Ward and theatre areas were clean and had suitable furnishings which were clean and well-maintained.

Due to the pandemic the service had not been inspected by Patient-Led Assessments of the Care Environment (PLACE). PLACE assessments are annual appraisals of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).

The last PLACE assessment was in 2019 when the service was rated as 99.7% for cleanliness, which was above the England Average. A new PLACE assessment was scheduled for May 2022.

Staff were using lateral flow tests to test for COVID-19 twice a week. They followed policy and self-isolated if they tested positive until tests showed they no longer had the virus and could return to work. Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. The last six-monthly hand hygiene and COVID-19 audits for the ward, ambulatory care unit (ACU), theatres and recovery showed 100% compliance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. However, in theatre we saw signage labels on waste bins that were not fully stuck down. This would prevent effective cleaning of the bins and could cause an infection risk. The system to affix these signs was changed as soon as we reported our concern.

Staff worked effectively to prevent, identify and treat surgical site infections. The Infection Prevention and Control (IPC) lead investigated all suspected surgical site infections. In the last 12 months the IPC lead investigated seven surgical site infections. We were told all seven were superficial wound infections. There had been no deep surgical wound infections, bacteraemia or device related infections.

Good

Surgery

Before admission, patients were screened for infections including COVID-19 and MRSA. MRSA can live harmlessly on the skin or in the nose, when a person carrying MRSA has a procedure that involves breaking the skin, the MRSA can get into the body and may cause an infection. Patients undergoing joint replacement were provided with decolonising body wash and nasal gel for use in the days immediately prior to admission to reduce their risk of getting an MRSA infection or passing the infection on to another patient.

Decontamination of surgical equipment was undertaken by an off site third party provider. Sets of surgical equipment were checked before use to make sure they were present and sterile.

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. On the ward there were 24 single occupancy rooms. In the ambulatory care unit (ACU) there were two bays, each with five patient cubicles, used as single sex areas, as well as one individual single patient bedroom. Patients could reach call bells and staff responded quickly when called. There was a seating area for ACU patients awaiting discharge that was large enough for the chairs to be socially distanced.

There were three theatres, two had laminar flow. Laminar flow theatres reduce the number of infective organisms in the theatre air by generating a continuous flow of bacteria free air. This type of rapid air exchange is used widely in orthopaedic procedures, especially during joint replacement surgery, to minimise the risk of cross infection.

The service had enough suitable equipment to help them safely care for patients. Staff carried out daily safety checks of specialist equipment. For example, we looked at records and saw staff carried out daily safety checks of the resuscitation trolley. The contents of the trolley were in-date and the trolley was visibly clean. The trolley was sealed with a tamper-evident tag.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. The sharps bins were stored safely.

Flooring met department of health guidance.

A track and trace system was used to monitor implants and equipment used in a patient's body for example, a urinary catheter or other medical devices used in theatre. This was to ensure if any issues with implants and equipment arose in the future, patients could be contacted quickly. We saw track and trace stickers in patients' records.

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 hospital had an admission policy setting out safe and agreed criteria for selection and admission of patients using the service. Pre-admission assessments were carried out to determine a patient's fitness for anaesthetic and surgical procedures. We observed a pre assessment clinic for a patient undergoing orthopaedic surgery. A full medical history was recorded along with physical observations for example, blood pressure, pulse and electrocardiogram. Patients were also able to see physiotherapists and or a pharmacist if required at this appointment.

Good

Surgery

Staff completed risk assessments for each patient on admission, and reviewed these regularly, including after any incident. Risk assessments included patients' risk of falls, pressure ulcers and venous thromboembolism (VTE).

The service ensured compliance with the five steps to safer surgery, World Health Organisation (WHO) surgical checklist. We observed theatre staff completing the checklist in full. Monthly audits of the WHO surgical checklist were undertaken, we saw evidence of between 96% and 100% compliance in the 10 months before our inspection.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff were trained to use the 'The National Early Warning Score' (NEWS2) a system that scores the physiological measurements routinely recorded at the patient's bedside. The purpose of NEWS2 was to identify acutely ill patients, including those with sepsis, and to strengthen communication between nurses and medics to escalate deteriorating patients.

Staff knew who to call and what to do if there was a medical emergency. They would use the alarm to call the resuscitation team (medical team with special equipment able to be mobilised quickly to treat cardiac arrest) and telephone external emergency services. The service had a patient transfer agreement with their local trust to ensure the safe clinical transfer of patients requiring urgent and or high dependency care. In the last 12 months, 17 patients had been transferred to the local trust for urgent care.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Staff also had printed handover sheets containing important patient information to refer to throughout their shift.

The service operated a 24-hour hotline for patients following discharge. Patients were advised to ring the hotline if they required advice or support.

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. Staff told us they did not use a formal acuity tool and senior managers adjusted staffing levels daily according to the number of patients booked for surgery and their expected recovery time on the ward. We saw evidence that showed the number of nurses and healthcare assistants on shift matched the planned numbers. However, some staff said they sometimes thought there was not enough staff for them to work effectively. They told us staffing levels and staff skill mix were based on patient numbers not acuity of patients which sometimes put pressure on staff to keep patients safe.

We were told the service had reducing vacancy rates and progress had been made in recruiting to the seven vacant posts, four in theatre and three on the ward.

Staff told us agency staff were also being used regularly and that this was largely to cover sickness absence, rates of which were high due to the pandemic.

Managers limited their use of contingent workforce staff and requested staff familiar with the service when they were used. We were told managers made sure all bank and agency staff had a full induction and understood the service.

Good

Surgery

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.

The service had enough medical staff to keep patients safe. A resident medical officer (RMO) was on duty 24 hours a day. The RMO had access to each patient's consultants if needed in an emergency. Two RMOs were employed, they alternated one week on and one week off.

Surgery was consultant led and delivered for private and 'NHS e-Referral Service (e-RS)' patients.

Consultants reviewed patients on their morning and evening ward rounds. The RMO reviewed patients before surgery and after if required. The RMO was included in the morning and evening staff handover of patients to make sure they were aware of their medical conditions.

In addition to each consultant being on call for their own patients, the service had a consultant surgeon and consultant anaesthetist on call 24 hours a day, 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 staff could access them easily. The notes contained the patient's surgical pathway, each pathway contained a list of medicines normally taken, risk assessments, NEWS2 and multidisciplinary records. Records were stored securely.

Documentation audits were undertaken six monthly. We did not see how many patients' records were audited but the result for the last two hospital wide audits showed they were 87-97% compliant. The next documentation audit was planned for March 2022, we were told an interim audit had been performed that showed 94% compliance.

The service ensured appropriate pre operation assessment was recorded. In all the records we examined we saw evidence of a face to face pre operation assessment.

Discharge summaries were sent to the patients' GP. We saw records of discharge information that had been sent to GPs following discharge.

Medicines

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

Temperatures were recorded to ensure medicines were stored within the required temperature range. Staff had a named pharmacist who they could contact and who was well embedded in the clinical team. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely. Emergency medicines were available and were stored securely, sealed and checked regularly. To minimise delays for patients requiring medicines to take home, pre-packs of frequently used medicines were available.

Staff followed systems and processes to prescribe and administer medicines safely. Emergency medicines were stored securely, and frequent checks had been completed to ensure medicines were available and safe to use. Arrangements were in place to allow staff to access medicines out of hours when needed.

Good

Surgery

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. A clinical pharmacist service ensured that patients' prescribed medicines were reviewed and checked by a pharmacist.

Staff completed medicines records accurately and kept them up to date. There were appropriate arrangements for the recording of medicines administration and prescription charts showed medicines were being given as directed.

Staff stored and managed all medicines, including medicines and fluids for surgery, and prescribing documents safely. Prescription pads and forms were stored securely and were tracked in the hospital. Medicines audits were completed monthly.

Staff followed national guidelines to check patients had the correct medicines when they were admitted, or they moved between services. Pharmacy staff conducted medicines reconciliation and handled any medicines related concerns. (Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing it with the current list in use.)

The pharmacy team were well embedded into wider hospital teams and provided support for medicines supply across the site. With clinical support available when needed.

Staff learned from safety alerts and incidents to improve practice.

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 reported one never event in the 12 months prior to inspection which had occurred in theatre. NHS England and Improvement describe a never event as 'serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers'. We saw evidence that all staff were given information about this incident. Staff were able to tell us about the changes in theatre that had been implemented as a result of learning from this never event.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff gave us examples of when something had changed as a result of incidents and complaints.

Information from patient safety alerts were disseminated to staff verbally and by email as soon as they were received.

Managers debriefed and supported staff after incidents. The service used a problem-solving approach called swarming to look at and learn from incidents.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Good

Surgery

Are Surgery effective?

Good

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

Evidence-based care and treatment

The service mostly provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The policy to help staff protect the rights of patients subject to the Mental Health Act 1983 was not always helpful.

Staff followed policies to plan and deliver high quality care according to best practice but the mental capacity, deprivation of liberty and restrictive practice policy did not always help staff support patients who lacked capacity to make decisions about their care and treatment.

Compliance with evidence based practice was monitored through a range of audits to ensure staff followed policies to plan and deliver high quality care according to national guidance. However, we were not given the compliance rates from all the audits, but we did see evidence that showed compliance with clinical audits was between 87% and 100% for the 12 months before our inspection. Staff told us they could easily access policies and other guidance through the service intranet. When compliance fell below 100% an action plan was devised by staff to increase compliance.

The service used enhanced recovery pathways for some surgical procedures with patients who fitted the criteria for this. Enhanced recovery is an evidence based approached that helps patients recover more quickly following major surgery. We observed this process beginning in the pre-admission clinic where patients were given information about post operation recovery, when to expect to be mobilising and their planned discharge date.

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 told us the service catered for patients religious, cultural needs and dietary needs. These were identified at the pre-admission assessment and shared with catering and ward staff. One patient said "I am vegan and although there were vegan options on the menu, on a couple occasions a special meal was cooked for me".

The last PLACE assessment for food was in 2019 when the service was rated 97%, which was above the England average of 93%.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Patients waiting to have surgery were not left without food or drink for longer than necessary.

Good

Surgery

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 explained they used a pain assessment tool that contained pictures and numbers suitable for those with communication difficulties.

Patients told us they received pain relief soon after requesting it.

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

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Outcomes for patients were mostly positive but did not always meet national standards.

The service participated in relevant national clinical audits. For example, Patient Reported Outcome Measure (PROMs). This is a measure of health gain in patients undergoing hip replacement and knee replacement surgery. This is done using pre and post-surgery questionnaires. The most up to date data available, October 2019 to September 2020, showed patients who reported an improvement in their condition following hip replacement was 100%, which was above the England average. Patients who reported an improvement in their condition following knee replacement was 90%, which was below the England average of 95%.

The number of patients who consented to having their details included in the PROMs from this service was higher than the England average (58% for hip replacement patients against an England average of 33%, and 48% for knee replacement patients against 32%).

Patient volumes were too low for publishable Patient Reported Outcome Measures (Q-PROMS) for cosmetic surgery. Since 2019 there was not a contractual obligation for the service to collect National Commissioning for Quality and Innovation (CQUIN) data for the NHS work carried out.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. New staff had a 90 days induction period which included time to complete mandatory training and a competency checklist. New staff were buddied up with a mentor to support them through their induction period.

Managers supported nursing and support staff to develop through yearly, constructive appraisals and clinical supervision of their work. Staff told us managers helped them identify their training needs and gave them the time and opportunity to develop their skills and knowledge. Clinical educators supported the learning and development needs of staff. Managers made sure staff received any specialist training for their role.

Good

Surgery

Staff told us managers operated an open-door policy which meant they could receive support as and when this was required.

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

The service had a system for granting and reviewing practising privileges for consultants, this was overseen by the medical director.

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. For example, physiotherapists, pharmacists and specialist nursing staff attended daily meetings with ward staff to ensure the needs of patients were met.

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, patients having a biopsy following a mammogram who were given a diagnosis that was likely to be cancer, had their treatment referred to a multidisciplinary team in the local NHS trust.

Seven-day services

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

Consultants visited their patients daily, including at weekends. Patients were reviewed by consultants depending on the care pathway. The resident medical officer (RMO) was available to provide medical advice and treatment 24 hours a day.

Out of hours staff could call for support from the RMO, or on call surgeon and/or anaesthetist. There was also support available form physiotherapy, pharmacists, diagnostic services, and theatre staff 24 hours a day, seven days a week.

Health promotion

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

The service had relevant information promoting healthy lifestyles.

Staff in the pre-admission clinic assessed each patient's health when admitted and provided advice to help patients live a healthier lifestyle. Staff asked questions about smoking, alcohol use, diet and exercise with the aim of improving patients' recovery from surgery.

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 how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance, despite some inaccuracies in the policy that supported staff to do this.

Good

Surgery

We saw evidence in the pre-assessment clinic that staff followed the Mental Capacity Act 2005 to protect the rights of patients who they thought might not have capacity to make decisions about having a surgical procedure. Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding adults training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice. However, the corporate policy on mental capacity, deprivation of liberty and restrictive practice did not contain clear instructions that would support all staff to make an accurate assessment of patients' capacity to make decisions about their health care and treatment. For example, a flowchart within policy did not provide staff with enough clarity to ensure that all patients receive high quality and safe care based on the best interest decision making process. We raised this issue with the provider and they reviewed and updated accordingly.

Despite the lack of clear policy when patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. We saw evidence of staff performing a mental capacity assessment and convening a best interest meeting.

The service did not have any patients subject to a Deprivation of Liberty Safeguard at the time of inspection.

Staff made sure patients consented to treatment based on all the information available. At the preadmission clinic patients were given information to take home to ensure they could access additional information about their procedure when they wanted it.

Staff clearly recorded consent in the patients' records. We saw signed consent forms in the patient files we looked at.

The service had a chaperoning programme. All clinical staff had to complete the chaperoning training and have their competency signed off every two years. The purpose of this programme was threefold. First and foremost, it was to ensure the patient voice was heard, that they understand the procedure and had received enough information to enable them to give informed consent before proceeding. Secondly, to give moral support to patients especially when they were having an intimate examination or procedure. Thirdly, to empower staff to stop a procedure if they saw the patient becoming distressed, in order to check if they still consented to it.

Are Surgery caring?

Good

Our rating went down. We rated caring 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 told us staff treated them well and with kindness. The service collected

patient feedback which showed in February 2022, 99.7% of patients said they were always treated with respect and dignity. One reviewer of the service said “I had my right hip replaced. Was in the Ridgeway for five days. Everyone was brilliant. Nurses so willing to help, nothing was too much bother for them. They had time to stop and have a little chat which was wonderful”.

Staff followed policy to keep patient care and treatment confidential. We saw staff discussing patient care in offices to maintain patient confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff showed understanding and a non-judgmental attitude when discussing patients with different cultural, social and religious beliefs to their own. All patients were offered a chaperone to accompany them throughout any examination or procedure.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. One patient told us staff were understanding of their anxiety and were always very reassuring and kind. One patient left this review on the internet “I had a mastectomy at The Ridgeway Hospital and always felt extremely safe and well looked after. I have appreciated most that I was never rushed but that everyone took time to make me feel comfortable and relaxed. The consultant and his team always listened to me, and the nurses on the ward were helpful and extremely professional. Everything was done to suit me, and I have only praise for the hospital and all of its staff”.

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. We saw staff showing empathy to patients about their condition and the impact this had on their lives.

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. One patient online reviewer said “All the doctors and nurses and admin staff were absolutely fantastic. They really made you feel at ease, whilst keeping you updated with everything that was going on. A few days after my operation I received a phone call from a member of staff, who was so sincere with her follow up call. Making sure that I was all okay and checking up on me”.

Staff talked with patients, families and carers in a way they could understand, and gave additional information that could be read and shared with others at home. Treatment options were discussed and whenever possible patients were supported to choose their preferred treatment.

Patients were given a discharge pack that contained important information and advice, for example, when to contact the ward if they had any concerns.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Good

Surgery

Patients gave positive feedback about the service. Patient feedback showed 99.9% of patients said they were involved in decision making about their care, and 97.6% of patients said the overall quality of care was very good or excellent. Patients also gave positive feedback about the service through the Friends and Family Test (FFT). The FFT is used to help service providers and commissioners understand whether NHS patients are happy with the service provided, or where improvements are needed. FFT data consistently showed that in the 12 months before our inspection between 98% and 100% of patients rated the service as very good or good.

There was a system to ensure self-funding patients were provided with a statement that included terms and conditions of the services being provided, the cost of treatment, and method for payment of fees.

Are Surgery responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support for example a dementia lead to support staff caring for patients living with dementia, a breast care nurse and a specialist gynaecology nurse.

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, dementia, and additional health needs received the necessary care to meet all their needs. Staff at the pre-admission clinics would assess the needs of patients and ensure they were shared with reception, ward, and theatre staff as necessary.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. At the daily hospital staff meeting, patients who met the accessible information standard criteria were discussed to ensure their information and communication support needs were met and they received smooth patient care across the hospital.

Staff supported patients living with dementia by using 'This is me' documents. Senior staff told us this would be completed at the pre-admission clinic and then shared with the ward and theatre staff.

Good

Surgery

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were also available in large print and could be obtained in braille if required. Hearing loops were available across the site.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service used a telephone interpretation service which did not need to be pre booked. The service also had access to interpreters who used British Sign Language and Makaton, this service was available at short notice 24 hours a day seven days a week however, not all staff were aware this service did not need to be pre-booked.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

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 mostly in line with national standards.

Managers monitored waiting times and attempted to made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Two out of 37 NHS patients had been waiting for hip or knee surgery longer than the national NHS 18-week target. However, this was due to a combination of patient choice and staffing issues and the hospital were able to demonstrate how they had attempted to reduce waiting times for these two patients.

Managers worked to keep the number of cancelled operations to a minimum. In the 12 months before our inspection, the service had cancelled 138 operations. When patients had their operations cancelled, managers made sure they were rearranged as soon as possible. We saw evidence that 33 of the cancelled operations were rebooked under the national target of 28 days. The other 108 patients chose to have their operation at an alternative hospital.

Managers and staff worked to make sure patients did not stay longer than they needed to. To minimise the number of visits to the hospital for the patient, pre surgery appointments for diagnostic tests and physiotherapy were made for the same day as the pre-admission assessment.

Managers and staff worked to make sure that they started discharge planning as early as possible. Discharge planning started at the pre-admission clinic. As part of their enhanced recovery pathway patients were given information about their post-operative recovery and mobilisation plan.

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. The service clearly displayed feedback forms in patient areas. Patients who had received NHS funded care were able to complain via the local NHS trust or Clinical Commissioning Group.

Good

Surgery

Senior staff told us about the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. We saw evidence of learning from complaints. For example, self-funding patients had complained that the total cost of their treatment had not been explained prior to some procedures being carried out. The service introduced a new system to ensure the cost of treatment was set out more clearly and staff were confident to discuss charges with patients.

Complaints numbers were monitored. From March 2021 to February 2022, the service had received nine complaints.

Patients were invited to have telephone or face to face meetings with senior managers if they were unhappy with the outcome of the investigation into their complaint.

The service was a member of the Independent Sector Complaints Adjudication Service (ISCAS) which provided independent adjudication on complaints for ISCAS subscribers. ISCAS was a voluntary subscriber scheme used by most providers of independent healthcare.

Are Surgery well-led?

Good

Our rating of well-led improved. 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.

Leaders had the skills, knowledge, experience and integrity to run the service. The senior management team consisted of an executive director, a director of clinical services and a clinical chair. The executive manager was a Care Quality Commission (CQC) registered manager. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them.

Staff told us leaders were visible and approachable. All staff told us the executive director knew them by name and they felt able to discuss any concerns with them. The executive director was highly regarded by all of the staff we spoke to.

Staff told us that they were supported to develop their skills, including those required to take on more senior roles. For example, a member of staff told us they had been funded to complete a women's health degree and that further funding has been secured for them to complete a nurse prescriber qualification.

Vision and Strategy

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

Good

Surgery

There was a clear vision and a set of values. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. During the pandemic the service had provided surgery, outpatient and diagnostic imaging support to their local NHS trust. Managers told us that this collaborative pattern of work would continue and changes to the estate were underway to increase the capacity to offer this support in surgery.

Culture

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

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vison and values, regardless of seniority. Staff told us how they had been supported and mentored to develop and progress in their careers.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and was action taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. The service had a freedom to speak up guardian to encourage staff to raise concerns without fear of reprisals. Most of the staff we spoke to knew who the freedom to speak up guardian was.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within the organisation. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably.

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

Managers held regular team meetings and made sure minutes were shared with staff who could not attend. The minutes clearly showed evidence of learning from incidents, audits and complaints, review of risks, information about training and changes to policy.

The service had a governance assurance framework to demonstrate transparent governance from the 'ward floor to board'. The framework demonstrated how information from each department was fed up to the clinical governance meetings, senior leadership meetings and the medical advisory committee (MAC) and then up again to regional and board level meetings. The framework had a clear pathway for information being fed back down to staff at all levels.

All levels of governance and management functioned effectively and interacted with each other. We reviewed minutes of several meetings, for example, clinical governance meetings, senior leadership meetings and the MAC. The MAC minutes included discussion around actions from previous meetings, incidents, complaints, infection prevention and control, staffing and practising privileges. A designated member of staff was tasked with following, and reporting on, the progress of actions raised at governance meetings.

The provider ensured consultants had an appropriate level of valid professional indemnity insurance and had successfully completed their annual appraisal with their substantive employers as part of the review of surgeons and consultants practising privileges. This process was overseen by the Clinical Chair and, as part of the monitoring process, each consultant had an interview with the registered manager every two years.

We reviewed the recruitment records of six members of clinical and support staff. We saw that Disclosure and Barring Service checks (DBS) were completed. Three members of staff had brief gaps in their employment history which had not been followed up with a written explanation as part of the recruitment process. However, we saw evidence that this information had been collected post appointment, and a new procedure for ensuring reasons for gaps in employment history were recorded at interview was implemented in February 2022. All other recruitment checks had been completed.

Management of risk, issues and performance

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

There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

Potential risks were considered when planning services, for example, fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. There were no examples of where financial pressures had compromised care. Staff told us they were not aware of a time when a financial pressure would have been put before patient safety.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. Surgery did not have its own risk register as all risks were logged on the hospital's risk register. However, staff were aware of their risk register entries. These were displayed on a poster in the staff office. There was alignment between recorded risks and what staff said was 'on their worry list'.

A communication cell meeting was held every day, a representative from each department attended. Other staff could view this meeting live from their computer. This meeting offered the opportunity for all departments to raise concerns and share information. Minutes from the meeting were printed and posted on notice boards in staff offices, and all staff received the minutes by email.

Senior managers received regular alerts from the Central Alerting System (CAS) (a national cascading system for issuing patient safety alerts, important public health messages and other safety updates) and cascaded information to staff on the day it was received. We were told this information was cascaded to staff verbally and by email.

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.

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

Data systems were secured and monitored. Staff told us they had a secure log in to access a computer which timed out if they were not used after several minutes. Staff told us they logged out or locked the computer when they need to leave the desks.

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.

People's views and experiences were gathered and acted on to shape and improve the services and culture. This included people who used services, and those close to them. Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture. Staff were encouraged to share their views by taking part in the staff survey. We saw incentives being used to encourage staff participation in the survey.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs.

Staff told us about the work on promoting women's health they were involved in with three large local employers. They provided free talks about menopause and women's health as part of 'giving back' to the local community. These sessions were designed to empower women to understand their bodies better and recognise when they might need medical intervention.

Good

Surgery

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.

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in recognised accreditation schemes.

Staff told us they had a strong emphasis on improving patient care and outcomes. Staff had designed patient information booklets and diaries to help patients improve their pre and post-operative health to enhance their recovery from surgery. Information booklets had been designed for women undergoing gynaecological procedures to help them avoid becoming constipated prior to surgery to reduce postoperative discomfort and chronic constipation. Diaries had been designed for women undergoing a hysterectomy to help them understand what their recovery should look like and give them confidence to ask for help and support if things did not go to plan.

The spinal team were part of the national spine registry which captured data from across the world about outcomes for patients. It enabled the team to review their patient's data over many years but also compare the patient outcomes to others who had received the same procedures. The service had supported the consultant in being part of this.

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

We rated safe 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. We were given evidence to show 99% of staff had completed mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Staff said they did not have specific training on mental health, learning disabilities, or autism, but working supportively with patients from these groups was covered in Equality and Diversity training.

Staff could see when training was due to be completed or updated using their online training account. Managers monitored mandatory training and alerted staff when they needed to update their training.

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.

All staff received safeguarding children and adults training appropriate to their role. Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them when necessary. No safeguarding referrals had been made by the diagnostic imaging service in the 12 months prior to our visit.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to make an adult safeguarding referral and who to inform if they had concerns. We saw flow charts in staff areas that gave directions of what to do when they had a safeguarding concern.

Good

Diagnostic and screening services

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.

Please also see the surgery report.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. The monthly hand hygiene, patient equipment and standard precautions audits for the service showed 100% compliance.

Staff cleaned equipment after patient contact. Probes were cleaned using the correct disinfecting procedures. We saw daily and weekly cleaning checklists that staff were required to complete and evidence to say these were being completed.

Chairs in the waiting area were spaced out to ensure patients could sit socially distanced from each other.

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 NHS England health building notes guidance. All diagnostic services were accessed on the ground floor meaning it made it easy for patients with reduced mobility to access the service. In the X-ray department there were designated rooms for fluoroscopy, mammography and ultrasound. The magnetic resonance imaging (MRI) scanner was located in the outpatient department due to a lack of space for this equipment in the department. The computerised tomography (CT) scanner was located in a mobile unit in the car park.

Safety and warning notices were displayed, and equipment was well maintained. We saw records of quality assessment processes to ensure imaging equipment was maintained and working within safe limits of radiation and in line with manufacturer's guidance. We saw evidence of preventative maintenance reports for all equipment. We were told that all imagining equipment was maintained and repaired under service contacts so emergency repairs would be carried out quickly on faulty equipment.

Records confirmed staff in MRI monitored helium levels every day and that these were within recommended levels as part of routine safety checks. Helium is used as a coolant inside the MRI scanner. This is also monitored remotely by the company who provides the MRI.

Staff had access to a medical physic expert (MPE) for advice if they had any concerns about imaging equipment. This service was provided through a corporate contract.

Staff carried out daily safety checks of specialist equipment as required and recorded this using internal processes. Staff understood how to report results which were outside of recommended safe levels.

Staff disposed of clinical waste safely. Waste was segregated into clinical and non-clinical waste. Bins were emptied regularly, and sharp boxes were labelled and kept closed when not in use.

Substances hazardous to health were stored securely and in line with Health and Safety Executive Regulations.

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.

Radiographers knew about and dealt with any specific risk issues. They used safety risk assessments in line with national guidance for patients who attended for diagnostic imaging. For example, radiographers used a six point 'pause and check' system. This is a safety checklist that radiographers carry out before an image is taken. Radiographers working in the MRI/CT lounge carried out additional assessments to ensure patients were safe to receive an MRI scan. For example, patients were asked if they had a cardiac pacemaker. If patients required contrast media for their scan additional safety assessments were undertaken, including reviewing results of a recent kidney function test.

There were effective systems to ensure justification of exposure to radiation. All CT scans were reviewed by a radiologist who processed and justified the request to the exposure to radiation. Appropriate checking of associated risks was completed and documented.

Staff had access to a radiation protection advisor and there were three radiographers who had completed radiation protection supervisor training. They held an annual radiation protection meeting. Their annual radiation protection audit plan was being worked through and most points had been actioned. The Imaging Radiation Protection and Compliance IR(ME)R audit showed 100% compliance throughout 2021.

Staff used a local (to Circle Health) version of the World Health Organisation safe surgery checklist when interventional radiology interventions were carried out such as ultrasound guided biopsies. The local safety checklist was based on national guidance.

All staff in the department were trained to deliver intermediate life support (ILS). They knew who to call and what to do if there was a medical emergency. They would use the alarm to call the resuscitation team (medical team with special equipment able to be mobilised quickly to treat cardiac arrest) and telephone external emergency services.

We saw evidence than an unannounced simulation exercise of an emergency evacuation was carried out in April 2021, this was in addition to regular fire drills.

Staffing

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

The service had enough radiographers and administration support to keep patients safe and ensure the service ran smoothly. Clinical leadership was provided by a consultant radiologist who worked under practising privileges.

The manager told us they did not use a formal staff acuity tool but adjusted staffing levels according to the needs of patients. The service had a small pool of bank staff who were familiar with the service. The service did not use agency staff.

Good

Diagnostic and screening services

Staff covered for each other when annual leave was booked or in the case of sickness. The manager told us staffing levels were discussed every morning in the hospital's safety briefing. If there was not enough staff to provide safe service to patients, appointments would be cancelled but we were told this had not happened.

Managers made sure all bank staff had a full induction and understood the service.

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.

Records were stored securely. Paper-based patient records were stored in locked cabinets and computer records were password protected. The service had an electronic records tracing system to ensure patient files could be easily located.

Paper based patient records included referral documentation, risk assessments and billing information. The diagnostic images were reported using the picture archiving and communication (PACS) system for the referrer to view. If images were shared with other providers, for example with clinicians in the local trust, this was done securely using an electronic platform.

The service performed an audit of patient records every six months. The last audit which covered the period June to November 2021 showed the service was 100% compliant.

Medicines

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

Please also see the surgery report.

Staff followed systems and processes when administering, recording and storing medicines. Staff conducting MRI and CT scans followed protocols when medicines (contrast media) were required. Radiographers administered contrast media as prescribed using patient specific directions (PSDs). PSDs are written instructions for the supply or administration of medicines to a pre-defined group of patients needing treatment for a reason described in the PSD, without the need for a prescription or an instruction from a prescriber.

Medicines were stored safely in locked cabinets. The department kept a small stock of medicines. All medicines we checked were in date.

The service had systems to ensure staff knew about medicines safety alerts and incidents. Safety alerts were cascaded to staff verbally and by email as soon as they were received by the department.

Incidents

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

Please also see the surgery report.

Good

Diagnostic and screening services

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.

Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff gave us examples of when something had changed as a result of incidents and complaints.

The service had one reportable IR(ME)R incident in the 12 months before our inspection. The incident involved two patients receiving CT scans for an additional area of their bodies than had been requested by the referrer. Abbreviations had been used by imaging staff to describe the areas of the body requiring scanning. The outcome of the investigation into this incident was that full words should be used to ensure clear instructions were used to select areas to be scanned, and that a quarterly audit to check that this was being done was introduced.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate effective.

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.

Please also see the surgery report.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There were local rules (instructions) for staff undertaking imaging procedures. These were version controlled and reviewed and updated regularly. Protocols were stored electronically, and staff knew where and how to access them.

The service participated in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) audits. The service was required to submit data on a monthly basis. Results were reviewed by an external radiation protection advisor (RPA). The service accessed RPA and medical physicist expert (MPE) services through a service level agreement with an NHS trust. This was a corporate level agreement to cover all Circle Health Group hospitals. Staff told us the RPA and MPE visited the service at least annually and were easy to get hold of at other times.

Policies were stored electronically, and version controlled. Staff were required to re-read policies as and when they were updated.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

A water cooler was located in the waiting area and patients could help themselves to this. We were told if patients had to wait longer than expected to be seen, they would be offered a hot drink and biscuits.

Good

Diagnostic and screening services

Patient outcomes

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

There were systems and processes to assure the accuracy of reporting of images. For example, quality assurance of breast images was completed by two radiologists with expertise in interpretation of breast images. This was in line with the gold standard as defined by Royal College of Radiologists guidance on breast screening and symptomatic breast imaging 2019.

The service used national standards to benchmark the effectiveness and safety of imaging. Audit outcomes confirmed the service was compliant with Ionising Radiation (Medical Exposure) Regulation standards, such as lowest radiation dose to achieve good imaging.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. There was a programme of regular audits that were carried out to monitor the safety and effectiveness of the service. Audits results were reviewed by the radiation protection adviser and discussed in meetings.

Managers used information from audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Staff told us they were involved in developing action plans if improvements needed to be implemented following audit.

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. Clinical staff were registered with the Health and Care Professions Council and supported to revalidate their registration when required. The service had an induction programme for newly appointed staff. The service used a competency assessment framework to assess competence for the imaging procedures they were required to undertake. Clinical educators supported the learning and development needs of staff.

Managers gave all new staff a full induction tailored to their role before they started work. New staff had a 90 days induction period which included time to complete mandatory training and a competency checklist. New staff were buddied up with a mentor to support them through their induction period.

Managers encouraged staff to develop through yearly, constructive appraisals of their work. Staff told us managers helped them identify their training needs and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their roles. We saw evidence that staff had been trained to use the diagnostic imagining equipment and assessed as competent.

Substantive staff said they received regular supervision with their line manager. Bank staff said they did not receive formal supervision, but they could access support from the manager when they needed it. Managers made sure all staff attended team meetings or had access to full notes when they could not attend

The manager was aware of how to manage poor performance to support staff to improve.

Good

Diagnostic and screening services

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 told us they regularly met with ward and theatre staff, physiotherapists and pharmacists to ensure the needs of patients were met.

Patient pathways were regularly reviewed to ensure they met the clinical needs of patients and to streamline services. The consultant radiologist for breast screening reported on mammograms following the scan and discussed the results with patients on the same day. If a biopsy (small tissue sample) was required, this was done on the same day under ultrasound guidance. There was a specialist radiographer who was trained to perform mammography scans. If patients were given a diagnosis that was likely to be cancer, their treatment was referred to multidisciplinary team in the local NHS trust.

Imaging results were shared with patients' GPs or the referring clinician if this was not the GP.

Seven-day services

Key services were available to support timely patient care. .

Please also see the surgery report.

This service provided X-ray cover 24 hours a day and seven days.

Health promotion

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

The service had information relating to specific instructions about post-procedure care. For example, staff gave patients advice about the need to drink plenty of fluids following scans where contrast media was used.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Please also see the surgery report.

In Diagnostic Imaging, staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent was obtained verbally for X-ray imaging and written consent was obtained for MRI/CT scans, including those that required contrast media to be administered.

Staff clearly recorded consent in the patients' records.

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding adults training. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice.

Good

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. We saw staff asking patients to confirm their identity (part of the six-point safety check) in an area away from other patients to maintain patient confidentiality.

We observed staff giving instructions to patients about locking changing room doors and issuing them with robes to protect their dignity.

All patients were offered a chaperone to accompany them throughout any examination or procedure, apart from MRI or CT scans.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They told us about occasions when they had helped to minimise patients' distress and involved specialist members of staff to provide additional support. For example, seeking support from the breast care nurse for women following a mammogram.

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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Good

Diagnostic and screening services

Patients gave positive feedback about the service through the Friends and Family Test (FFT). The FFT is used to help service providers and commissioners understand whether NHS patients are happy with the service provided, or where improvements are needed. Diagnostic Imaging data for the FFT was combined with Outpatient data. The data showed that 98% to 100% patients consistently rated their treatment as very good or good.

Are Diagnostic and screening services responsive?

Good

We rated responsive 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. It also worked with others in the wider system to plan care.

Managers planned and organised services, so they met the needs of all patients whether they were private or NHS funded.

Facilities and premises were appropriate for the services being delivered. All diagnostic services were accessed on the ground floor meaning it was easy for patients with reduced mobility to access the service. There were enough seats for patients waiting for their appointment and toilet facilities if required. The toilet and patient cubicles had emergency pull cords. There was a water cooler in the main reception area. Car parking was located at the front of the hospital

Managers monitored and took action to minimise missed appointments. Staff ensured that patients who did not attend appointments were contacted. Staff told us there were very few missed appointments. There were processes for staff to follow if patients did not attend.

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.

Please also see the surgery report.

Staff took care to ensure patients were as comfortable as possible. Staff in the MRI/CT service took care to provide reassurance and ensured patients wore ear protectors to reduce the noise during scanning procedures. The ear protectors had built-in two-way communication system which meant staff could communicate effectively with patients during scans and patients could listen to music of their choice during scanning sequels. Patients were given a call bell and informed they could stop the scan at any time.

Patients who were anxious about being claustrophobic could visit the unit ahead of their booked appointment. Patients could also have the lights turned up and increased air flow to reduce anxiety.

Patient information leaflets were only available in English. However, we were told that a translation service could translate these leaflets into other languages on demand.

Good

Diagnostic and screening services

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed. Managers told us there were not long waiting times for diagnostic imaging appointments. They said the department had become busier, so they were planning on increasing the length of time the service was open to increase capacity.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointments were scheduled to minimise waiting times for patients. We observed staff attending to patients promptly after they arrived.

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.

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. Patients and their families could give feedback on the service and their treatment. Feedback forms were on display at the reception desk. We were told each patient was given a 'Have your say' form at the end of their consultation.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. The service had received two complaints in the 12 months before our inspection. One about communication and one relating to an error in a diagnostic report.

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. We reviewed a complaint response which showed the complaint had been investigated and an apology offered to the patient.

Are Diagnostic and screening services well-led?

Good

We rated well-led as good.

For continuous improvement and innovation please see the Surgery section.

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.

Please also see the surgery report.

Good

Diagnostic and screening services

The staff we spoke with confirmed that managers and senior leaders had the skills, knowledge, experience and integrity to run the service. We saw evidence that managers and senior leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve.

Please also see the surgery report.

There was a clear vision and a set of values including quality and sustainability. Staff understood and were able to tell us about the vision and strategy to achieve it.

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.

Please also see the surgery report.

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents.

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.

Please also see the surgery report.

Staff collected data to confirm audits were completed as required under the Ionising Radiation (Medical Exposure) Regulations. Data was collected and submitted as required. Audit results were discussed in meetings with the radiation protection advisors and action plans were agreed when necessary. Audits included compliance with quality assurance, and with diagnostic reference levels for imagining. These audits demonstrated patients received the lowest exposure to radiation to achieve the best imaging quality, reporting time, and reporting accuracy.

The service participated in corporate audit programme as required.

Management of risk, issues and performance

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

Good

Diagnostic and screening services

Please also see the surgery report.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. The service had its own risk register which also formed part of the wider hospital's risk register. We saw evidence that risks linked to diagnostic imaging were discussed at the monthly team meeting.

Senior managers received regular alerts from the Central Alerting System (a national cascading system for issuing patient safety alerts, important public health messages and other safety updates) and cascaded information to staff on the day it was received. We were told this information was cascaded to staff verbally and by email.

There were no examples of where financial pressures had compromised care.

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.

Please also see the surgery report.

Managers made sure staff understood the audit process how this was used to make improvements.

All radiographers we spoke with were knowledgeable about policies and local rules and where to find them.

Engagement

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

Please also see the surgery report.

Managers made sure staff could attend the monthly team meetings. Minutes of the meeting were emailed to staff.

Good

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) 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.

Please also see the surgery report.

Staff received and kept up-to-date with their mandatory training. Staff accessed mandatory training online and face-to-face.

The mandatory training compliance was 96% for endoscopy staff and 100% for oncology staff at the time of our inspection.

We were told that modules with compliance below the target had been reviewed and an action plan implemented. We were told that COVID-19 related absences and restricted face-to-face training had caused lower compliance in some subjects.

The mandatory training met the needs of patients and staff. Mandatory training included life support, consent, fire safety, infection prevention and control, information governance and medicines management.

All staff completed training on recognising and responding to patients living with dementia.

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.

All staff received safeguarding children and adults training appropriate to their role. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Good

Medical care (Including older people's care)

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

There were no safeguarding referrals in the last 12 months.

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.

Please also see the surgery report.

Ward and private room areas were visibly clean and had suitable furnishings which were clean and well-maintained.

Staff followed infection control principles. Staff wore uniform, were bare below the elbow and used personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. The monthly infection prevention control audits for the medical team showed 100% compliance from March 2021 to February 2022.

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

Decontamination of scopes used in the endoscopy department was undertaken by a third party off site. The scopes were checked before use to make sure they were sterile and all parts present.

Every new oncology patient was screened for COVID-19. Patients had to have a lateral flow test (LFT) and if they were positive for COVID-19, they had to receive two negative LFTs before attending for their appointment. This was communicated with their consultant.

Endoscopy patients were encouraged to provide an LFT on the day of attendance. If patients tested positive for COVID-19, they were required to be free of symptoms for 10 days before attending for their appointment.

Environment and equipment

Not all equipment was routinely maintained. However, the design and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Please also see the surgery report.

We found two pieces of equipment in the endoscopy unit that had not been serviced. The equipment included a suction unit and blood pressure monitor. We highlighted this during our inspection and the equipment was taken out of use and a service was arranged. We were sent evidence to show the blood pressure monitor had been serviced. We were sent evidence to show the suction unit had failed the service due to failure of the battery to hold charge. A new battery was ordered however, the equipment was not highlighted as being out of service during our inspection.

The endoscopy suite had recently undergone a redesign and refurbishment. This allowed the flow of scopes from a clean area into a dirty area. This reduced the risk of cross infection as sterile and unused scopes were not in contact with those

which had been used. The endoscopy unit was working towards Joint Advisory Group Accreditation (JAG). JAG *accreditation* is awarded to high-quality gastrointestinal endoscopy services. As a result of this, there was an action plan to attach oxygen cylinders to patient trollies and increase the number of blood pressure monitors in the unit. All patient rooms were single occupancy to prevent any risks of cross infection.

The oncology unit had recently undergone a relocation from the top floor to the ground floor and every patient had their own private room. All rooms had a chair, sink, oxygen and monitoring equipment. A bed was available at the patients request.

The service had enough suitable equipment to help them to safely care for patients. Scopes used for endoscopy were ordered from the decontamination hub in time for procedures. The resuscitation equipment by the endoscopy unit was shared with ambulatory care and the surgical inpatient ward. Staff carried out daily safety checks of the specialist equipment. There was oxygen and emergency equipment available, for example, a defibrillator. We checked the dates of items on the resuscitation trolley and that daily equipment checks were done. These had been completed.

Staff disposed of clinical waste safely. Waste was segregated into clinical and non-clinical waste. Sharps were disposed of safely in designated labelled sharps bins.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff used tools to identify and act upon patients at risk of deterioration.

Patients had observations completed on arrival into the endoscopy and oncology units to provide a baseline. Observations were repeated after any medicines had been administered, blood tests taken, or procedures completed. A rise in temperature or change in blood results resulted in a medical review for oncology patients. Staff explained clearly how to escalate concerns about a deteriorating patient (clinically unwell) or if there were signs of sepsis or neutropenic sepsis. Oncology staff followed prescription for adults with neutropenic sepsis guidance which meant patients would receive antibiotics from a consultant within the hour if required. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We reviewed three records for endoscopy patients and two oncology patients and they all had National Early Warning Scores (NEWS2) calculated. If patients were required to be admitted, they were transferred to the local NHS trust. Oncology staff completed transfer documentation so the patient had the relevant record during transportation and admission.

Patients were able to call a 24-hour help line if they were concerned after their treatment. Nurses working in the oncology service were rostered to take home the designated telephone for any such enquiries. Nurses felt confident to approach consultants for clinical advice if required.

Staff completed risk assessments for each patient on arrival. We reviewed three records for endoscopy patients and two oncology patients and they all had allergies documented and venous thromboembolism (VTE) risk assessments completed. The surgical safety checklist audit for endoscopy was 97% for December 2021, January 2022 and February 2022.

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.

Good

Medical care (Including older people's care)

See also the surgical report for staffing relation to endoscopy services, which was carried out by staff working in the operating theatres. The endoscopy unit was staffed with one Lead Practitioner, an Endoscopy Practitioner, two Healthcare Assistants (HCAs) and was also supported by the theatre team. There were five members of staff on duty per list.

The oncology service had enough nursing staff to keep patients safe. There were two and a half full time equivalent posts in the oncology service. These were made up by one full time nurse and two part time nurses. The three nurses worked Monday to Thursday with occasional Fridays between the hours of 8am and 6pm. Chemotherapy treatment was administered on Tuesdays, Wednesdays and Thursdays. Mondays and Fridays were for pre-assessments, dressing changes and chemotherapy pump disconnections. Chemotherapy *pumps* are one of the ways patients can have chemotherapy. They give a controlled amount of chemotherapy very slowly into the bloodstream.

There were always two nurses present to administer infusions. On the second day of inspection there were four patients booked in. There was the full-time oncology nurse and a trained oncology agency nurse. A student nurse had also been allocated to the unit to assist.

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.

Please see the surgery report for information about medical staffing.

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 paper based, comprehensive and all staff could access them easily. We reviewed five patient records; two for patients in the oncology ward and three endoscopy patients. All records contained diagnosis and management plans, risk assessments, nursing assessments, care plans, consent and observations.

Records were stored securely in a locked cabinet.

A documentation audit was completed between the months of April 2021 to January 2022. The oncology department achieved 100% demonstrating a high level of compliance.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Patients' chemotherapy was prescribed electronically by the consultant. There was a pharmacy on site which ordered the required chemotherapy through an independent pharmaceutical contract. The pharmacy and oncology team met weekly to review the patients that were booked in. Once the medicine arrived it was dispensed by the pharmacist.

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.

Good

Medical care (Including older people's care)

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. For example, endoscopy procedure delays were reported on the risk management system. Staff confirmed they received feedback when they reported an incident.

Every morning a representative from departments across the hospital attended the communication cell. This meeting was a forum for staff to discuss and share incidents, safeguarding concerns, complaints and compliments from all departments. A swarm meeting would be initiated from this if required. (Swarming is used to problem solve at the time and place of an issue by the people who are affected).

The service had no never events in medical care.

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.

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

Good

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

Evidence-based care and treatment

The service mostly provided care and treatment based on national guidance and evidence-based practice.

Please also see the surgery report.

Staff mostly had access to up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were reviewed regularly, version controlled and referenced to ensure they represented most recent evidence-based guidance. However, the mental capacity, deprivation of liberty and restrictive practice policy did not always provide clear guidance for staff.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Staff offered food and drink to patients, including those with specialist nutrition needs. There were also drinks machines available free of charge to patients in the oncology waiting area.

Patients attending the oncology ward for chemotherapy were offered meals when they attended for long appointments, particularly when these occurred during mealtimes.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff assessed risks of malnutrition for all patients attending the oncology services. Risk assessments were carried out when patients first started their chemotherapy. Staff recorded weights for patients each time they attended for treatment.

Pain relief

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

Patients in the endoscopy service had pain monitored with a recognised tool to assess pain and analgesia was given when required.

Staff in the oncology services raised any concerns about patients who were in pain with the resident medical officer who would review patients' medicine prescriptions as required.

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 collected information in line with relevant national clinical audits. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Staff in endoscopy services collected information about endoscopy procedures. Patient comfort scores were assessed for patients receiving endoscopy procedures. These scores were reviewed and discussed in the endoscopy user group (a forum for clinical staff involved in the delivery and care of endoscopy procedures) in line with national guidance to monitor endoscopy procedures.

The oncology service was working towards obtaining Macmillan Quality Environment Mark accreditation. Accreditation was awarded to cancer services that had gone above and beyond to create welcoming and friendly spaces for patients. The service collated information to prepare for the next accreditation process in four main areas: design and use of space, user's journey, service experience and user's voice.

The endoscopy service was working towards the Joint Advisory Group accreditation.

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. There were three registered nurses working in oncology services who had completed specialist training to administer chemotherapy.

Managers gave all new staff a full induction tailored to their role when they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed this for four members of endoscopy staff. One had completed their appraisal, two had their appraisal booked and one was a new starter so was not due. We reviewed this for three members of oncology staff. Two had completed their appraisals and one was a new starter and was not due. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Staff completed competency assessment logbooks. We reviewed these for three members of staff and found they had achieved a satisfactory level of capability for all assessed competencies.

Agency staff were booked in advance that had previously worked on the unit. This meant they were familiar with the unit.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Good

Medical care (Including older people's care)

Oncology staff were invited to debrief after a patient death, this was to provide support if needed and an opportunity for staff to reflect with support from their manager.

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 told us they had good working relationships with consultants and the resident medical officers (RMOs) and felt they were able to call them if they required advice or had any queries.

The oncology department worked with the Thames Valley Cancer Alliance (TVCA). This meant they worked within the protocols and guidelines of the TVCA for chemotherapy. There was access to the UK Oncology Nursing Society (UKON) and there were working relationships with the local NHS Trust. There was an in-hospital breast care specialist nurse who worked at the location who provided advice and both written and verbal information for patients as required.

Patients had their care pathway reviewed by relevant consultants. Staff held monthly multidisciplinary meetings to discuss patients and improve their care.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units.

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.

Please also see the surgery report.

Staff were required to complete safeguarding vulnerable adults at level two. The course was designed to encompass awareness of Mental Capacity Act and Deprivation of Liberty Safeguards. Staff received dementia awareness training as part of their mandatory training.

Staff gained consent from patients for their care and treatment in line with legislation. Staff obtained written consent from patients attending for endoscopy service or to receive chemotherapy. We reviewed five patient notes and consent had been documented clearly.

There was specific consent form used for patients receiving systemic anti-cancer therapy in line with national guidance. Consent was obtained by the consultant and confirmed with patients at the point of administration of chemotherapy.

Consultants discussed treatment and endoscopy procedures at the pre-assessment stage, including benefits and risks of the proposed treatment or procedure. Consent was re-affirmed on the day of the endoscopy procedure.

Are Medical care (Including older people's care) caring?

Good

Medical care (Including older people's care)

Good

Our rating of caring went down. 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 took time to interact with patients and those close to them in a respectful and considerate way. Relationships between the staff and patients were caring and supportive. We spoke with three endoscopy patients and two oncology patients during our inspection. We reviewed patient feedback and thank you cards. All patients we spoke with said staff treated them well and with kindness. One patient said, "I feel as though the nurses genuinely care". One thank you card read "thank you so much for all your warmth, kindness and compassion over the last few months. Your support has been wonderful and I can't describe how much it is appreciated".

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We were told of an example where a patient's personal needs were met. A patient with two young children was awaiting a radiotherapy referral. The patient explained that their pain levels were affecting their work and family life. The oncology team worked to refer the patient to their local palliative care team to have care needs met and psychological support. By the time the patient started treatment, their psychological health had improved significantly.

During our inspection we saw that a patient had received a blood transfusion. This was meant to be their last chemotherapy appointment. However, due to their blood test results, this had changed to a blood transfusion and then surgery. Oncology staff still treated the patient as if it were their last chemotherapy appointment and decorated their room with balloons. The patient was still able to ring the last treatment bell and all staff gathered around and cheered for the patient.

The oncology service was working towards accreditation by the Macmillan Quality Environment Mark.

Staff followed policy to keep patient care and treatment confidential.

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. People's emotional and social needs were seen as being as important as their physical needs. The oncology service completed a holistic needs assessment for each patient. This included stress and coping strategies, roles and relationships, perception and concept of self, sexuality and reproduction, values, beliefs and health perception management. Advice and information was offered to patients. A Clinical Psychologist was also available to oncology patients and offered assessments and interventions for patients with low mood, depression, anxiety, low self-esteem, anger, bereavement, sleep difficulties, adjustment and coping with physical healthcare conditions. Patients were also signposted to relevant support services, including counselling.

Good

Medical care (Including older people's care)

The oncology service had a 24-hour, 7-days-a-week telephone advice line. Nursing staff were rostered to cover this helpline out of hours and over the weekends.

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. All patients we spoke with described a positive experience where nothing was too much trouble. One patient said that "staff have been brilliant, helpful and kind". A patient thank you card read "thank you, from the bottom of my heart for everything you have done for me through this chapter. I really don't think you realise what angels you are. You bring happiness through this process. You all work so hard and never let me down, always putting our needs first and doing 100% the best you can always".

The breast care nurse provided support, accompanied patients to their appointments to receive results and visited patients on the day of their surgery. Patients with cancer diagnoses were contacted either that afternoon or the next day to explore surgery dates. The breast care nurse conducted a pre-admission appointment which included bra fitting information, post operation recovery information and was an opportunity for patients to ask any questions. A care package had been organised to give to patients at this appointment which included hand spray, leaflets, mindful colouring book and pencils, shower gel, sweets to take the taste away after chemotherapy and tissues. Patients were offered the opportunity to speak with other patients that had been through similar treatment.

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 understood their care and treatment. Staff talked with patients, families and carers in a way they could understand.

Staff supported patients to make informed decisions about their care. One patient explained that they felt they could call or text the nurses anytime. Every time they had attempted to speak with the nurses outside of their treatment at the hospital, they had been able to ask questions and received a reply. Endoscopy patients we spoke with said they understood their procedure and any questions had been answered. At the time of our inspection, family members were not routinely allowed to attend appointments with relatives due to COVID-19 restrictions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were separate feedback forms for endoscopy and oncology patients to use. All patients we spoke with gave extremely positive feedback about the service, they felt cared for and that they really mattered. One patient had written "the entire process was explained fully and each member of staff who I had dealings with were kind, polite and understanding. I was made to feel at ease".

The combined friends and family results for endoscopy and oncology were 98.5% good or very good for December 2021 and 100% for November 2021.

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

Good

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

Good

Medical care (Including older people's care)

Service planning and delivery to meet the needs of the local people

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

Managers planned and organised services so they met the changing needs of the local population. There was a weekly planning meeting attended by oncology and pharmacy staff to plan for the patients due to attend in the following week. During the COVID-19 pandemic the service continued to provide chemotherapy services to patients.

Facilities and premises were appropriate for the services being delivered. There was easy parking for patients attending the services at the hospital. Patients reported to the main reception desk and were signposted by staff about where to go for their appointment.

Meeting people's individual needs

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

Staff provided access to specialist equipment for patients who attended the oncology service. For example, staff supported patients to use 'cold caps' (specially designed cold caps which reduced blood flow to the scalp and helped to prevent hair loss). Wheelchairs were available for patients.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Communication needs were assessed, and staff were aware of how to access interpreters if this was required. However, not all staff were aware this service was available at short notice 24 hours a day seven days a week but thought this had to be booked in advance. There was also access to a 'loop system' for people with hearing aids to help with effective communication.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers and staff worked to make sure patients did not stay longer than they needed to.

There were effective processes to support patients when they attended for their treatment procedures. Staff worked with patients to make arrangements for them to be collected if this was required. When patients were discharged, they were given information about what to do if they had any concerns when they were at home.

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 and investigated them. Lessons learned were shared with staff.

Patients, relatives and carers knew how to complain or raise concerns. Managers investigated complaints and identified themes and shared feedback from complaints with staff and learning was used to improve the service. A representative from each department attended the communication cell meeting every morning and lessons learned were shared in this forum.

Good

Medical care (Including older people's care)

There had been one complaint about medical care in the last twelve months. We reviewed this complaint dated May 2021 which related to endoscopy. The complaint had not been upheld. However, it was noted that some information had not been effectively communicated to the patient.

We reviewed comments from patients in the endoscopy unit. One comment said that “the chair in the bedroom was slippery and impossible to sit on properly”. The response from the service stated that “the chairs in the bedrooms had been replaced and are no longer slippery”.

There had been a recent move of one of the departments from an open ward environment to a new space that had individual rooms. The service had received a lot of feedback about this from patients. Staff told us the leaders were working closely with patients and staff to support their understanding of the changes. Staff told us the managers and leaders were visible and present regularly in the unit and were showing staff and patients how they were taking on board the feedback. For example, some patients had enjoyed the previous open and communal environment, and the ability to communicate and support each other during treatment sessions. Staff told us this was being considered by the service and they were looking into how the new space may be adapted in the future to enable a mix of communal and private space for patients to choose from.

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

Good

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

Please also see the surgery report.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Managers told us they were working towards accreditation with the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.

Good

Outpatients

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

Are Outpatients safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff

Staff received and kept up to date with most mandatory training. Most of the mandatory training was comprehensive and met the needs of patients and staff. However, the department had two staff who had not reached the services expected mandatory training completion levels of 90%.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was an electronic platform for completing and recording mandatory training. It alerted staff and managers by email when a training module was reaching renewal date.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, some staff did not receive safeguarding children training.

Nursing and support staff received safeguarding adults training as appropriate for their role, but not all staff received safeguarding children training as detailed in the Royal College of Nursing Intercollegiate guidance document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). Healthcare assistants in the department did not receive level 1 and 2 safeguarding children training.

However, staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to explain what abuse was and were able to give examples of when they had worked with system partners in the wider community to ensure patients were safe. Staff also told us they had all received chaperone training as part of their mandatory training at the hospital. They explained that this role enabled them to prevent patients from feeling uncomfortable during examinations and gave them the skills to support and reassure patients who were concerned.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were flow charts showing the safeguarding process in the clinic rooms, nursing station and booking teams office. Staff knew where these charts were and were confident to call the local safeguarding adviceline for additional support if they needed it.

We saw the hospital's safeguarding policies and procedures which were kept in a folder in the outpatient department nurse's office. These were easily accessible to all staff. All safeguarding issues were reported on the electronic recording system and shared with the teams and the wider services as appropriate. The leadership teams also joined the local Clinical Commissioning Group safeguarding meetings and shared learning with staff through the daily, morning communications meeting as appropriate.

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.

Please also see the surgery report.

Most clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. Internal cleaning audits were consistently 100% with only one recent audit showing 95% due to an identified need for new curtains to be fitted in an oncology clinic room. However, we found dirt behind and underneath the storage shelves / cupboards in the storeroom in the outpatients' department. The storeroom was crowded with boxes and equipment and we found three boxes of clinical supplies, two stacked on top of each other, on the floor. When this was brought to the attention of the senior leaders they introduced a process to prevent this from happening again.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The housekeeping team advised that they were well supported by staff who made sure the clinic rooms were clear and easily accessible for them to complete daily cleaning. Deep cleans were scheduled as required.

Staff followed infection control principles including the use of personal protective equipment (PPE).

All staff we observed wore face masks, gloves and aprons during clinics. They complete hand hygiene regularly in line with the hospital's policy and effectively as detailed on signage at clinic room sinks. Hand gel dispensers were available throughout the department and were used frequently by staff and indicated to patients when they went to their appointments from waiting areas. There were sinks and PPE supplies in every clinic room along with alcohol hand gel. All staff we saw were bare below the elbow.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used sanitising wipes to clean couches and changed the disposable couch paper after every patient.

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. The sluice was locked, and fire exits throughout the department were well signed and clear.

Staff carried out daily safety checks of specialist equipment. We reviewed the resuscitation trolleys in the physiotherapy gymnasium and within the main outpatient's department. The three months of records we reviewed showed records were complete every day.

The service completed water sampling in line with the corporate policy. This included sampling in the hydrotherapy pool which was situated next to the physiotherapy gymnasium.

Staff disposed of clinical waste safely. Clinical and general waste bins were easily identifiable and were distributed frequently throughout all areas we visited. All sharps boxes were locked and not overfilled.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The department was part of the hospital's resuscitation response. Staff told us there was a rota which was confirmed each day at the morning communications meeting. The rota gave roles to each department if a resuscitation response was required. There was a red pull and push button in every clinic room that alerted the nurses station and the resuscitation team.

Staff used a recognised tool called The National Early Warning Score (NEWS2) and Situation Background Assessment Recommendation (SBAR) to identify and recognise patients whose condition may deteriorate. The service had a 'Patient Transfer Agreement' with the local NHS trust. This provided services for a patient to be transferred there in an emergency. The agreement contained a transfer checklist and ambulance protocol. The hospital management team also attended a monthly meeting with the local Integrated Care System to discuss system priorities, planning and support. During the pandemic, this meeting had occurred weekly by telephone with a specific mutual aid programme in place with the local acute trust.

Staff knew about and dealt with any specific risk issues. All staff told us they had received training in sepsis identification and management that was a part of their mandatory training. They showed us the sepsis policy and where sepsis flow charts were present in the department and the treatment room. We saw a sepsis box in the treatment room and staff told us they would complete blood tests and administer first line antibiotics for any patient with confirmed sepsis. The patient would then be transferred to the local trust.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. We observed handover meeting in the department and saw staff identifying patients who may need reassurance or additional support. They also discussed the clinics that were running and what the department's role in the hospital resuscitation response was.

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.

Good

Outpatients

The service had enough nursing and support staff to keep patients safe. Staffing levels were planned and reviewed daily to ensure safe staffing levels. Where required bank and agency staff were used, and they had a clear induction process to the department and hospital. If required and in line with relevant skills and competencies, staff may work flexibly across departments to respond to patient activity.

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. The manager could adjust staffing levels daily according to the needs of patients. The number of nurses and healthcare assistants matched the planned numbers. There was a weekly Operations meeting to review activity up to three weeks ahead. This was attended by all departments and ensured any planned activity and changes were reviewed. Staff told us this made sure staffing, facilities and equipment was used in the most efficient way. There was a 24 hour seven days a week on-call theatre team, on-call anaesthetist and surgeon, as well as Resident Medical Officer (RMO) on site.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank staff had a full induction and understood the service. The department did not employ agency staff and managers told us there had been one nurse on the bank, however this had recently stopped, and staff had returned to providing additional cover for each other. There was a daily meeting called a huddle to identify which members of staff would form part of the resuscitation team (medical team with special equipment able to be mobilised quickly to treat cardiac arrest).

The service had low and/or reducing vacancy rates, turnover rates and sickness rates.

Records

Staff did not always keep detailed records of patients' care and treatment. Records were not always clear or up-to-date. Records were stored securely and easily available to all staff providing care.

When patients transferred to a new team, there were no delays in staff accessing their records. Records were mostly stored securely, and all staff could access them easily. The department used both electronic and paper patient records. The paper records were small files that included a patient registration document, written records from the procedure undertaken or clinic session attended. Records of any further tests were also kept in a paper format in the files. A paper record was available for each patient and was tracked throughout the hospital using a system called e-tracer. E-tracer enabled the records team to track where the notes were moving to through-out the hospital. This included any access for inputting relevant clinical letters, results and care pathways.

There had been one instance in the last 12 months where a paper patient record had been lost. The hospital applied duty of candour and informed the information commissioners office. Although a full investigation was complete, the paper record was not found, and a new file had to be created. The investigation was reported on during hospital governance meeting and awareness updates were sent to all staff to raise awareness of records process. This was also discussed at the daily communications meetings to encourage staff to seek advice or support from the records team regarding the tracking in and out process if needed.

Monthly audits were complete to look at record availability, storage and disposal as per the site policy. Any actions identified were progressed by the patient administration manager and records manager and then tracked for action completion on the site wide audit tracker.

Patient notes were not always easily legible and comprehensive. All consultants who worked at the service were under practising privileges in addition to working elsewhere. Consultants were able to access some external electronic

systems they used to view additional patient notes and request further testing or treatment as required. Some consultants wrote a summary of the clinic appointment or procedure in the notes, but this was not complete by all of them. Although most consultants dictated the details for medical secretaries to prepare a letter for the patient and their GP, there was a delay of up to four days between this being complete and the record being attached to the patient files during our inspection. This meant there were periods of time where the patient notes were not up to date.

We reviewed 10 sets of paper patient files and found outpatient clinic appointments in six of the files that did not contain a contemporaneous record of the outpatient appointments. This meant staff did not always have up to date information about their patients and the hospital did not always have an accurate record of patient care and treatment.

For example, in one paper patient file we observed three entries on the cover sheet for clinics the patient had attended. There were no written notes for the clinics on 30/09/2021 and 21/02/2022 but typed letters were present and showed up to six days delay in the appointment being complete and the letter being typed. There were handwritten notes for a clinic on 04/11/2021 which was not easily legible.

However, in all 10 sets of paper files we found typed letters were consistently present, were shared with the patient and a further copy was sent to the patients GP in line with the corporate and site policy.

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. There were no pharmacists based in the department, but they had access to the hospital pharmacy which was on site and positioned in the waiting area right next to the outpatient's department. There was a medicines management policy and protocol which was followed. Staff told us they reported and escalated any shortages or changes through team briefs or safety alerts.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. Medicines were stored securely with access restricted to authorised staff. Prescription pads and forms were stored securely and were tracked throughout the department. Emergency medicines were stored securely, and frequent checks had been completed to ensure medicines were available and safe to use. We reviewed the daily audit record which monitored fridge temperatures and found this to be complete and showed temperatures were in range. The access room also had a keypad lock to prevent any unauthorised access. Medicines cupboards were clean and tidy and all medicines we reviewed were in date. There was a medicines management policy and protocol which was followed. Staff told us they reported and escalated any shortages or changes through team briefs or safety alerts. Disposal of medicines was managed through the pharmacy. Pharmacy staff arranged restock of medicines. Staff could contact the pharmacy department when needed. Arrangements were in place to ensure that medicines incidents were reported, recorded and investigated and staff we spoke with knew how to report incidents involving medicines.

Incidents

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

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Managers shared learning with their staff about never events that happened elsewhere. All incidents, trends, lessons learnt, and actions were reviewed in hospital Clinical Governance Committee, Health and Safety Committee, and Medical Advisory Committee meetings. This included corporate lessons learnt and those shared from elsewhere. All incidents and complaints were reported daily at communication meeting.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. There was evidence that changes had been made as a result of feedback. The hospital also had a regulatory and compliance action plan. Staff called this 'One Plan'. They showed us it included all relevant actions and was used to track actions to completion.

Are Outpatients effective?

Inspected but not rated

We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Please also see the surgery report.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. However, legal framework, code of practice and national guidance was not always clear in the mental capacity, deprivation of liberty and restrictive practice policy.

New policies and procedures issued to staff were available on the intranet and were discussed at relevant hospital committee meetings. Safety alerts were shared from the corporate team and managed by all department leads. There was a weekly clinical update from Chief Nursing Officers which was disseminated to clinical Heads of Department (HODs).

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Patients could access refreshments whilst in the department. We observed a patient waiting for a clinic appointment who asked for some water and was supported to get this quickly. The staff members were helpful and friendly and checked if the patient felt better a few minutes after having their drink.

Good

Outpatients

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Nursing staff sought support from the resident medical officer (RMO) to assess and prescribe pain relief for patients who said they were in pain.

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. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. Improvement was checked and monitored. We saw records of action plans that showed improvements in relation to a selection of clinical and non-clinical audits that were part of the hospital's audit programme. The hospital normally completed a Patient-Led Assessments of the Care Environment (PLACE) audit annually with a representative from the Patient Forum and worked with the representative to make changes when possible. However, due to the pandemic the service had not been inspected by PLACE. A new PLACE assessment was scheduled for May 2022.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Recruitment processes included assessment of relevant skills and experience which were documented in competency folders in the nurse's office. Checks were also complete for Disclosure and Barring service (this service does checks on new or current employees to ensure employers are making safe decision when deciding to employ staff). DBS, professional registration, references, validation of certification and eligibility to work checks. Staff induction processes included training and supervision, with documentation of competencies, regular appraisals and one to one meetings. All consultants working under practising privileges were required to provide annual evidence of appraisal and Responsible Officer declaration, biennial review with Executive Director and General Medical Council revalidation.

Managers supported staff to develop through yearly, constructive appraisals of their work. They supported nursing staff to develop through regular, constructive clinical supervision of their work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service ensured all staff undertook mandatory training to include resuscitation training at a level required by their role. There was 24 hour, seven days a week RMO on site with advanced life support training. All staff took part in a quarterly resuscitation scenario.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Good

Outpatients

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. There was a weekly operations meeting to review and schedule activity three weeks ahead. It was attended by all teams to review hospital activity, case mix, staffing, equipment and to ensure all arrangements were in place to safely manage patient activity.

The breast cancer specialist nurse attended local multidisciplinary team meeting and training at the local trust, and received notes of meetings, which were then referenced in patient medical records as appropriate.

Seven-day services

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

The service operated five days a week from 8am to 8pm. If patients needed to be seen by a nurse or doctor out of these hours they could be seen by a nurse from a ward or by the RMO.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The service had been providing additional support services to patients prior to the pandemic but this was not being provided at the time of our inspection. The leadership team told us they were looking to restart these services over the next few months.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff mostly supported patients to make informed decisions about their care and treatment. They did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Please also see the surgery report.

Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was available to all staff. Staff made sure most patients consented to treatment based on all the information available. The service provided a chaperone service which was available to all patients in the department. There were signs to encourage patients to access this service as support during their appointment. The chaperone service supported patients to understand information about their care and treatment. Staff clearly recorded consent in the patients' records.

However, some staff we spoke with in outpatients could not describe how to access the policy on mental capacity, deprivation of liberty and restrictive practice. They did not demonstrate an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. They were not always able to identify who to contact for advice and, how and when to assess whether a patient had the capacity to make decisions about their care. Seven staff we spoke with did not feel confident with assessing a person's capacity to make decisions about their care. Following our feedback on this issue senior leaders provided further training sessions for staff.

Good

Outpatients

We reviewed the mental capacity, deprivation of liberty and restrictive practice policy and found some inconsistencies and statements that were not in keeping with the MCA legal framework or code of practice. In addition, we found that restrictions or restraints and their relationship to DoLS was not well articulated within the policy. This raised concerns around the governance of policy review within this hospital but also in the wider corporate group as the policy was the same for all locations the provider had. We raised this issue with the provider and this policy was reviewed and updated accordingly.

However, the service had a consent process and policy. Consent was checked as part of

World Health Organisation (WHO) checklist (a checklist released by the world health organisation

to increase the safety of patients undergoing surgery), which had been updated to include COVID-19 consent (a question-based consent form checking that the patient does not have any symptoms of novel coronavirus COVID-19 and is aware of the risks associated with receiving care during the pandemic). The service completed a weekly audit of COVID-19 consent. Consent was also checked verbally and in written form prior to appointments.

Are Outpatients caring?

Good

Our rating of caring went down. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff introducing themselves by name and role and talking with patients in a friendly way. There were always chaperones available.

Patients said staff treated them with kindness. All patients we spoke with said staff really seemed to care about them and staff were always friendly and approachable. A patient said staff were always thoughtful and often asked about home and family as well. Another patient told us staff asked what they would like to be called and how they would like to be addressed which made the appointment feel more personalised. One patient who left an online review said “the nurse who I saw in outpatients couldn't have been more caring and supportive. And full of advice!” Another said “recently I have been in the outpatient ward for a procedure and was so touched with the kindness and caring of all the nursing staff from the moment I arrived”.

Staff understood and respected the individual needs of each patient. A patient we spoke with said staff were kind and treated them like a person and not a number. Leaders visited the department daily to check patient satisfaction. Staff and patients told us this made them feel valued and listened to.

Emotional support

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

Good

Outpatients

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said they knew how to seek help and said they felt listened to. We observed patients approaching staff for support and staff responding courteously, even when the waiting area was very busy.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact a person's care, treatment or condition had on their wellbeing and on those close to them. Staff enabled patients to be supported by their relatives wherever possible. Staff told us about a patient who was nervous about their consultation and they had worked with them to ensure that their family member was able to attend with them and provide additional reassurance. The staff also supported the patient through the chaperone service they provide. We observed staff spending additional time talking with a patient who had recently lost a loved one and was having to attend the clinic on their own. The staff showed genuine interest and the patient subsequently told us they felt safe and supported.

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 gave positive feedback about the service. Friends and family test results showed 98% to 100% in each month collected since April 2021 when data was collected again following the pandemic.

Staff made sure patients and those close to them understood their care and treatment. Patients said staff kept them updated and involved at every stage of their treatment. A patient told us staff took extra time to listen to and answer their relative's concerns and questions over a video call. All patients told us staff took the time to explain what results meant and what the next options were.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff we spoke with showed us leaflets and website links where patients could provide feedback. Patients told us they felt confident to feedback although not all patients were aware of the feedback cards or electronic feedback form that was available to them.

Are Outpatients responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. The service was able to request imaging and some other investigation on

site the same day. Consultants also made referrals for further follow up through the local trust as needed. We followed a patient journey from initial appointment through to the imaging department, further investigations and back for review. This was all complete on the same day and the patient was reviewed by the same consultant before leaving the hospital.

Facilities and premises were appropriate for the services being delivered. The environment was comfortable with enough seating for patients while they waited. We saw evidence the service used dementia, and other stickers, in paper records to highlight additional needs. The service had accessible toilets and lifts to different levels. There was a hearing loop in the waiting area and reception and the department had access to a dementia champion. There was clear signage in the waiting areas and through the department for those without sensory impairments. However, the signs were not adapted to support people with any additional needs.

Staff could access emergency mental health support during some working hours for patients living with mental health problems, learning disabilities and dementia. This was provided through an onsite team and through the mental health liaison service provided by the local trust and community services.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Patients were able to choose the date and time of outpatient appointments. They could choose remote/video/telephone or face to face outpatient consultations. Patients were also sent a copy of any letters sent by consultants to their GP.

Meeting people's individual needs

The service was mostly inclusive but did not always take account of patients' individual needs and preferences. Staff made some reasonable adjustments to help patients access services.

The service had information leaflets available in languages spoken by the patients and local population. Staff told us they could get information leaflets in a large print format, screen reader and easy read but not all staff knew how they would access this or who they could request this from. The service had a hearing loop for patients with hearing loss and this was well advertised throughout the building. Information was not displayed in easy read formats in waiting areas or through the clinics.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to a translation service for patients whose first language was not English however, some staff did not know how to access signers for patients with communication difficulties. The service was accessible 24 hours a day and 7 days a week. Support was made available within 30 minutes of requests being made.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Staff understood the policy on meeting the information and communication needs of patients with a disability or sensory loss but did not always have the tools to support them to implement it. Staff told us about themed focus weeks they had to support their learning. They explained that in February 2021 there was a focus week on the accessible information standard where staff from all departments came together to share ideas and consider what support they could provide for someone who may need additional support. There was the opportunity to consider what actions they could take to provide this support. Staff had access to some communication services to help patients become partners in their care and treatment. We saw evidence that patients' additional needs were considered during the daily communication meeting and during the department handover meetings. However, there were no physical tools or total

communication aids available in the waiting areas, reception areas or clinics we visited. Staff told us they did not receive training to support patients with communication needs. There had been a course offered in the last 18 months for British Sign Language but no staff who had requested it had been able to get a space to attend as it was very popular. The service had further sessions planned to ensure all staff who wanted to, could access this training in the future.

The service told us that if a patient had additional support needs, the pre-assessment team would ensure that this was communicated across the services and patients were given a green lanyard with sunflowers on it so that this can be easily identified by staff.

Clinics were not designed to meet the needs of patients living with dementia. We visited six clinics during our inspection and did not see any adaptions to the waiting areas or clinic environments that may have supported patients living with dementia, although these adaptations were available for patients on the ward. For example, signage through the hospital was not always at eye level and was not in colours known to be more easily identified by people with dementia. The staff told us they saw very few people who may need these adaptions due to pre-screening but we did not see dementia highlighted as a criteria to prevent treatment at the hospital in their policies.

Staff did not always support patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff told us they did not use a 'this is me' document in outpatients but did not see patients with dementia or learning disabilities regularly. Staff did receive dementia awareness training and were familiar with patient passports but had not used them at the service. Staff showed us where any specific patient requirements, including accessibility, dietary needs and religious beliefs, were documented in the patient's medical records at pre-assessment. Staff did have access to mental health support which included communication support for patients requiring support for their mental health, patients with learning disabilities and patients living with dementia.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. They told us any waiting lists were managed in line with corporate policy. This meant that patients were triaged and given contact details for the hospital should they need to contact the team before they had their appointment. All patient booking forms were categorised by consultant and clinic. Forms were then reviewed by the booking team and consultants to prioritise them for clinical priority followed by patients who had waited a long time. The service had weekly meetings and discussions with local NHS services about prioritisation and access.

Managers worked to keep the number of cancelled appointments/treatments/operations to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. All cancellations in clinics were reported on the incident reporting system and any themes and trends were identified by the senior team through audit of cancellation data. Managers told us action plans would then be created and followed up as required though there had been no trends identified at the current time.

Managers monitored that patient moves between services were kept to a minimum. Where possible staff ensured patients had same day access to diagnostic services if required.

The number of patients leaving the service before being seen for treatments was low.

Good

Outpatients

Staff supported patients when they were referred or transferred between services. There was a transfer agreement with the local acute trust for the care of a deteriorating patient. This included transfer to the high dependency unit and intensive care unit and the patient would then default to an NHS pathway. This process included patient checklist and discussion with the patient if possible or any relatives or carers.

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.

The service clearly displayed information about how to raise a concern in patient areas. We saw feedback cards in the reception waiting area, in the physiotherapy department and in the oncology clinic.

Patients told us they felt able to raise concerns or complaints with staff directly.

Staff understood the policy on complaints and knew how to handle them. They knew where to find the complaints policy on the intranet and were able to tell us how they would handle a complaint, and which managers or leaders would acknowledge and respond to patient complaints.

Managers investigated complaints and identified themes. 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. Staff told us they were confident in receiving complaints from patients and family members. They told us they received training on having difficult conversations which helped them to support people in this process. We observed staff giving honest information to patients. There was a clear process for a complaint to be escalated if the patient was not happy with the response they received.

Are Outpatients well-led?

Good

Our rating of well-led improved. 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.

Please also see the surgery report.

All staff we spoke with said the leaders throughout the department and wider hospital were easy to speak with, encouraging and visible. Staff were all confident they would be able to identify the leaders of the organisation. They told us how the service had been supportive of staff through the coronavirus pandemic and how thanks and support for each staff member was shown through gift vouchers and other gifts during winter festivities.

Good

Outpatients

We spoke with four staff who had worked at the hospital for many years. They all described how the hospital team were supportive and felt like a family to work with. The staff were all now in management roles and explained how they had been supported and mentored to develop and progress in their careers.

Staff spoke favourably of support systems they had access to but also of the support provided by management within the department and the senior leadership. They told us about counselling support through a corporate employee assistance programme along with internal wellbeing groups that were run within the hospital. Staff told us how they had been encouraged and supported to take leave and have periods of rest throughout the coronavirus pandemic. They also explained that the department managers worked well to enable staff to work flexibly and to ensure the department is always well staffed.

The service has introduced additional technology to support remote working. There was a daily communications meeting that was recorded and shared with all staff via email.

Vision and Strategy

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

Please also see the surgery report.

There was a formal, overarching vision and strategy for the hospital. Senior staff could clearly articulate their shared vision and the workstreams and project plans which supported this. Improvement plans were not focused solely on one department but based on an integrated whole-system approach to care, in order to reduce pressure on the wider system.

The outpatient's department did not have its own vision or strategy. However, the team had previously developed a department philosophy which was displayed in the office. This focused on how they wanted care to be delivered in a person centred way to patients.

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. However, patients were not always aware of how to provide feedback to the service.

Please also see the surgery report.

The service had a freedom to speak up guardian who was trusted and respected throughout the department. We spoke with eight staff who were able to identify who the guardian was and knew how to get in contact with them if they had concerns they did not feel able to raise within the department. Staff spoke positively about the impact the freedom to speak up role had in the hospital.

Staff and managers in the department told us that each staff member in a high-risk staffing group had an individual COVID-19 risk assessment. This included additional occupational health support as and when needed.

Staff were updated through bulletins and emails of any changes or updates in policies or procedures. These were also discussed at the daily Communications meeting which was available as recording for all staff. Staff told us about electronic staff systems where they could send e-cards to other colleagues to acknowledge achievements and show support.

Staff we spoke with felt able to raise concerns to senior staff and managers when they had concerns.

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.

Please also see the surgery report.

The service had a clinical governance framework and regular meetings. These had been adapted through use of electronic meetings as required during the coronavirus pandemic. There was also clear governance framework in place for services that used the hospital facilities to provide their services from

The service had reviewed its use of temporary practicing privileges process in November 2020 and now all consultants treating NHS and private patients had full practicing privileges. There was a practicing privileges database used by the hospital where leaders could monitor and regularly check for mandatory documentation.

Staff at all levels were clear about their roles and accountabilities.

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.

Please also see the surgery report.

The service completed and submitted a Monthly Regional Quality Assurance Tool (RQAT) dashboard to an internal regional team. The dashboard reviewed a range of regulatory and compliance key performance indicators and enabled the departments to benchmark against other hospitals within the Circle Healthcare group.

The department completed audits to monitor clinical and non-clinical practices. There was evidence that action plans were documented and reviewed regularly through governance meetings.

The was a risk register for the department and the detailed risks were rated according to severity of risk. There was also a hospital wide risk register. We observed posters through the department and reception areas that detailed the hospital's top six risks. These posters also gave space for each department to record their top three risks. These were clearly visible in staff office areas. Staff we spoke with in reception and outpatients were able to recall their department's top three risks and told us about the posters and where they were.

Managers in the department advised that patient safety alerts were circulated through the electronic incident system and forwarded to relevant staff as well as clinical and quality leads. This information was shared as appropriate with staff through email, team meetings, daily communications meetings and the email sent to staff following this meeting.

Good

Outpatients

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.

Please also see the surgery report.

Managers told and showed us the department's audit schedule which included mandatory corporate audit requirements but also department specific audit schedules. All results and any actions required were shared with all staff and with corporate teams as necessary.

The department managers advised that any themes identified in complaints or incidents at the service were discussed at daily communications meeting and governance meetings. This information was fed back to staff through a quality and risk newsletter and governance reports.

Engagement

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

Please also see the surgery report.

Managers and senior staff told us that they valued the views of the staff. One senior staff member told us they knew the people who could identify risks and issues most quickly were the staff on the frontline working in the department. They told us they took feedback from staff seriously. They valued staff taking time and having confidence to raise concerns, so patients could be kept safe and the department could function efficiently.

There was a complaints policy and system for patients to provide compliments and complaints. However, none of the patients we spoke with were aware of the patient feedback forms or electronic form that was available.

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.

Please also see the surgery report.

The department valued the expertise of its staff. There were opportunities at the morning communications meeting and through team meetings to acknowledge individual and department successes and achievements. There was dedicated time at each meeting to highlight areas where staff had gone over and above but also where staff flexibility and support had enabled the service to run at its best.