The Hospital Of St John And St Elizabeth

Hospital of St John & St Elizabeth

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

- 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 risks well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients supported them to make decisions about their care and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy had supporting plans and objectives which were innovative and achievable. Staff felt respected and valued and were focused on providing patient centred care. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, and a demonstrated commitment to best practice, performance and risk management systems and processes. They identified and escalated relevant risks and issues and identified actions to reduce their impact effectively and in a timely manner. Leaders and staff actively and openly engaged with patients and staff. All staff were committed to continually learning and improving services.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

- We found some out-of-date saline fluids in stock. Staff were made aware and immediately rectified this.
- The critical care facility was not always compliant with recent guidance. However, controls were in place to manage patients safely.

Where arrangements were the same as the surgery core service, we have reported findings in that section.

Surgery

Good 

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

- The service had enough staff to care for patients and keep them safe. They had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risks 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.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy had supporting plans and objectives which were innovative and achievable. Staff felt respected and valued and were focused on providing patient centred care. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, and a demonstrated commitment to best practice, performance and risk management systems and processes. They identified and escalated relevant risks and issues and identified actions to reduce their impact effectively and in a timely manner. Leaders and staff actively and openly engaged with patients and staff. All staff were committed to continually learning and improving services.

Summary of findings

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Summary of this inspection

Background to Hospital of St John & St Elizabeth

The Hospital of St John and St Elizabeth is one of the UK's largest independent charitable hospitals, with any profits used to fund the on-site hospice. The hospital was founded in 1856 with Roman Catholic affiliation and is a registered charity. Facilities at the hospital include: a pre-assessment unit, six theatres (four theatres on the 1st floor and two theatres on the second floor each with their own dedicated recovery unit), a 19 bedded dedicated day surgery unit, four, critical care unit with level 2 care beds, a day surgery unit, endoscopy unit, a 23 bedded dedicated surgical ward, diagnostic imaging, outpatient department, and a walk-in urgent care centre. The hospice has 17 beds and is located within the main hospital.

The service provides surgery, medical care, end of life care, urgent care, outpatient and diagnostic services. The hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Personal Care
- Surgical procedures
- Transport Services
- Treatment of disease, disorder or injury

This was a comprehensive inspection of the critical care core service and safe and well-led domains of surgery core service.

The hospital provides day case surgery and inpatient care for private patients. The service offered a range of different surgical specialities, including orthopaedics, ophthalmology, gynaecology, cosmetic, gastro-intestinal and more. A resident medical officer (RMO) and a critical care fellow are on site 24 hours a day, seven days a week.

How we carried out this inspection

We carried out an unannounced inspection focussing on surgery (safe and well-led domain) and critical care (HDU) on the 10 October and 12 October 2023 using our focussed/comprehensive inspection methodology. We spoke with 6 patients and 12 members of staff during the inspection, including surgical nursing staff, surgical consultants and managerial staff. The team also reviewed policies and records.

The team that inspected the service comprised a CQC lead inspector, CQC inspector and three specialist advisors with expertise in surgery and critical care. The inspection team was overseen by Fiona Wray, Operations Manager.

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.

Areas for improvement

Critical Care

Summary of this inspection

Action the service SHOULD take to improve:

- The service should ensure that processes are in place to ensure fluids are in date.
- The service should ensure that existing control measures and mitigations to manage compliance with critical care guidance are used to provide safe level 3 care.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Critical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Critical care

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. Critical care maintained its own mandatory training log which was monitored by the critical care management team. There was identified mandatory training in place for all disciplines within critical care. There was an overall training compliance rate of 93% for critical care teams, including nursing staff, critical care fellows and consultant intensivists.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were named designated leads for safeguarding adults and children, trained to level 4 that staff could escalate concerns to. External specialists were available for advice on individual cases and policy changes. Monthly safeguarding meetings considered safeguarding issues including deprivation of liberty.

All staff within critical care were trained to level 3 depending on their role. Staff we spoke with were aware of who the safeguarding leads for the hospital were, how to identify abuse and how to make referrals.

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.

The critical care unit was clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles

including the use of personal protective equipment (PPE). Bare below the elbows was observed by staff. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The critical care dashboard showed good outcomes for infection prevention and control audits which were monitored for compliance by the governance team and critical care lead nurse. Patients told us they were reassured by the clean environment.

Environment and equipment

The design and use of premises and equipment kept people safe. Staff were trained to use equipment which was well maintained. Staff managed clinical waste well.

The critical care unit was suitable to provide high dependency level 2 care as defined by the Intensive Care Society (ICS Levels of Critical Care for Adult Patients 2009) and the Intensive Care Society's Levels of Adult Critical Care, Second Edition Consensus Statement (2024). We noted from evidence submitted that the service had provided level 3 care including mechanical ventilation, for short periods on two occasions in the last six months. The design of the environment did not follow national guidance for providing level 3 critical care. However, control measures were in place to safely care for patients and mitigate the key issues regarding the design and equipment. This included large rooms alongside each other on one corridor with full visibility for nurses. There was an additional oxygen outlet and suction and an increased nursing ratio of 2:1 when level 3 critical care was provided.

The provider was currently assessing facilities and premises for relocating this service to a different part of the hospital to enable them to provide safe care to higher acuity patients. See the responsive section of this report for further information.

The service had suitable facilities to meet the needs of patients receiving level 2 critical care. It was provided in a dedicated critical care unit that utilised 3 of the 5 large single rooms available. Each room was well maintained and had adequate space.

The service had enough suitable equipment to help them safely care for patients receiving level 2 critical care. Staff carried out daily safety checks of specialist equipment. Resuscitation trolley checks were completed on a daily basis. We found all items to be in place and in date. There was an emergency airway box to complement the difficult airway trolley.

Servicing and repair contracts were in place with manufacturers of specialist equipment. The hospital also employed a third party, located on site, to maintain and repair equipment. A specialist contract was in place for staff to dispose of clinical waste safely.

Assessing and responding to patient risk

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

There was a policy covering hospital admissions and exclusions dated 2022, which included no direct admissions from overseas and no direct admissions to the critical care unit. The service were compliant with this policy. The Admission to and Discharge from Critical Care policy (2023) stated that a decision would be taken regarding transfer to a level 3 facility if mechanical ventilation was expected to be required for longer than 24-48 hours. The critical care dashboard showed there had been two instances where overnight level 3 critical care had been provided between January and September 2023.

Good

Critical care

There was a service level agreement in place with another provider for transfer out for higher level care. The critical care dashboard showed there had been three transfers to another hospital for higher level care between January and September 2023. Transfers were always via specialist ambulance and were supervised by consultant intensivists which minimised the risks to patients during transfers.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed these regularly. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The National Early Warning Score (NEWS2) was used for initial assessment of acute illness and for continuous monitoring of a patient's wellbeing including by the critical care outreach team. Risk assessment audits were monitored for compliance by the critical care lead and the governance team. Intensivists carried out assessments on high-risk patients in surgical pre assessment clinics to assist their progress through the patient pathway.

Shift changes and handovers included all necessary key information to keep patients safe. There were daily patient safety team huddles and risk meetings where patient risk and potential admissions were regularly reviewed.

Patients were regularly reviewed by the consultant during the daily or twice daily ward rounds. Staff told us that consultants lived nearby and always arrived within 30 minutes when called. The critical care fellows worked 24-hour shifts with a daily handover. Critical care fellows visited wards and assessed for admission with consultant support.

Staffing

The service had enough nursing, allied health professionals 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. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. Managers adjusted staffing levels daily according to the needs of patients. Managers limited their use of bank and agency staff and made sure all bank and agency staff had a full induction and understood the service. The service had its own bank staff who were familiar with the unit.

Shift changes and handovers included all necessary key information to keep patients safe. There were daily patient safety team huddles where staffing levels were reviewed. Safe staffing discussions also took place at pre planning meetings. Staff told us that managers responded well to requests for more staff and staff could be utilised from other areas when there was a need to admit a patient to the unit.

There were enough speech and language therapists and dietitians to meet the needs of the service.

Medical staffing

The service had enough medical staff to keep patients safe. The medical staff matched the planned number. Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work. The service always had a consultant on call during evenings and weekends.

There was a clinical lead for critical care and an adequately staffed consultant intensivist rota who had the right skills, training and experience. There were enough critical care fellows providing daily support and enough bank doctors. The resident medical officer (RMO) was suitably trained and skilled to deliver critical care interventions. Locum doctors were also available as bank staff.

Good

Critical care

Records

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

Patient notes were comprehensive and all staff could access them easily. When patients transferred to a new team, there were no delays in staff accessing their records. The service used paper based records which were stored securely in a locked trolley. Plans were in place to move to an electronic patient record. However, this was still at the assessment and costing stage.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly. The service directly employed a chief pharmacist. There was a full medicines audit programme carried out by the pharmacy team and overseen by the governance team.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed medicines and prescribing documents safely. Controlled drugs were checked against the register and found to be correct and within date. Drug fridge and treatment room temperatures were checked daily. However, we found some out-of-date saline fluids. Staff were made aware including the critical care lead nurse and this was immediately rectified.

Incidents

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

Staff knew what incidents to report and how to report them. 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 met to discuss the feedback from incidents and look at improvements to patient care. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service used an online digital incident reporting and recording system. There were weekly meetings within the critical care team that included incident review and learning. Learning also took place in quarterly governance meetings.

The service demonstrated a good learning culture through investigating incidents. This included producing actions, allocating task owners and monitoring completion dates for improvement and safety. For instance, a serious incident that took place within the last year resulted in an investigation conducted by a multidisciplinary team led by the medical governance lead. A 35-point action plan with SMART objectives was led by a working group of senior leads. All action points were completed with documented evidence. The report was shared with the medical advisory committee and stakeholders. There was broad organisational learning effectively embedded.

Is the service effective?

Good

Evidence-based care and treatment

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

Good

Critical care

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a National Institute for Health and Care Excellence (NICE) Guideline Implementation policy dated May 2023 which set out how services were provided against evidenced best practice standards. The service used the NICE baseline assessment tools to evaluate current practice and plan activity to meet the recommendations which included updating policies and practices. Clinical leads, nursing leads and the patient safety and quality lead regularly reviewed new recommendations against current policy and practice.

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 made sure patients had support with nutrition and hydration to meet their needs. Staff used the Malnutrition Universal Screening Tool to monitor patients at risk of malnutrition. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. Patients told us that staff were attentive to their dietary needs and were offered alternatives due to a sore mouth.

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. Patients received pain relief soon after it was identified they needed it or they requested it. There was a lead pain nurse who undertook audits for compliance, overseen by the governance team. As of July 2023, there was a 91% compliance rate across the hospital for patient controlled analgesia training and pain management. Patients told us that staff attended regularly and asked them whether they were in any pain or discomfort. Patients were currently being consulted on pain chart questions.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. 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.

Senior managers told us they had considered submitting data to the Intensive Care National Audit and Research Centre (ICNARC) but due to the size of the service this was not felt to be proportionate. However, the service used ten ICNARC metrics on their critical care dashboard to monitor safety and quality such as high risk admissions and unplanned readmissions within 48 hours. The service had used these metrics to improve the service. For example, in response to patients who were readmitted for pain issues they had identified a pain lead and updated policy and training which was audited on a monthly basis for compliance.

To evidence compliance with national standards, the service had added relevant quality statements from NICE guidelines to their annual clinical audit programme. The service was a member of the Independent Healthcare Provider Network which allowed for benchmarking with similar services as they met with other private providers to look at data.

Good

Critical care

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly appraisals of their work. Managers supported medical staff to develop through regular 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 to meet the training need. Managers made sure staff received any specialist training for their role.

The critical care lead nurse took the lead in supervising and developing critical care nursing staff. There was an annual appraisal process for all staff. Induction took place which was specific to areas and specialties.

Staff completed specialist training and most nursing staff were intensive care trained nurses. Nurses told us there were external study days to maintain competency and worked as agency in other critical care units which maintained skill levels. Critical care nursing staff were required to attend a two-day external course in advanced life support and a one-day course in paediatric life support. All staff were either up to date with their training or were booked to attend within a month.

Critical care fellows, five in total, were mostly on NHS training programmes and told us they were well supported to attend courses and training.

The practice development nurse submitted an assurance report to the surgical governance committee every six months, reporting on specialist training compliance and aspects of training that had arisen through learning from complaints or incidents such as NEWS2 training and customer care.

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.

Seven-day services

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

The critical care unit was a seven days a week service. Other support services were also available at weekends. Pharmacy was reported as five days a week service but all medications were always available to patients. Weekend ward rounds were dependant on patient need. Consultants were always available and within 30 minutes of the hospital. Staff told us they were accessible and responsive to patient need.

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. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Good

Critical care

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. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

All staff completed training on consent, mental capacity and Deprivation of Liberty Safeguards. Policies were in place to support practice. The chief nurse led on deprivation of liberty safeguarding and hospital wide monthly safeguarding meetings considered deprivation of liberty issues. The service had external specialists available for advice on individual cases and policy changes. We were given examples of working on specific mental capacity and deprivation of liberty issues.

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We spoke with two patients on a surgical ward who had been on the critical care unit following their surgery. They told us they'd had a good experience, that staff were caring and attended regularly. We were told that medical staff always introduced themselves.

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 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.

All staff were trained in customer care on induction and a programme of enhanced customer care training was being rolled out which included meeting people's psychological needs.

Good

Critical care

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service.

Patients told us staff explained their plan of care to them. We were told the process from referral to treatment was very easy with good communication from the hospital team so they knew what was happening.

Patient feedback was routinely collected and used to improve the service. A report was collated every quarter which identified themes and trends. Patients were surveyed in key areas of their experience including catering, consultant care, discharge and nursing care. The patient survey action plan dated Q1 2023 demonstrated the service listened to what patients told them. It addressed aspects of pain management, call bells, admission processes and empathy. All actions had completion dates which had been achieved.

Is the service responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people accessing the hospital.

Managers planned and organised services, so they met the needs of the people accessing the hospital. The new chief executive had initiated a consultation with patients, families and staff groups about service provision to meet patient and family needs. The service had systems to help care for patients in need of additional support or specialist intervention. Consideration regarding how to improve meeting patient and family needs was regularly considered at unit and critical care fellow meetings.

The service had assessed the critical care unit as suitable for level 2 patients as defined by the Intensive Care Society (ICS Levels of Critical Care for Adult Patients 2009). The service's assessment included the number of oxygen outlets, suction points, electrical sockets, size of the medication and treatment room, size of the single patient rooms and call bell system.

The design of the environment did not follow national guidance for providing level 3 critical care. There were plans to relocate the service to a different part of the hospital where the rooms were larger and intensive care level 3 compliance was achievable. In the meantime, control measures were in place to safely care for patients and mitigate the key issues regarding the design and layout.

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.

Good

Critical care

Staff supported patients living with dementia and learning disabilities. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Patients were given a choice of food and drink to meet their cultural and religious preferences.

There was a hospital wide access group, which focused on identifying and improving meeting individual patient need and experience. Recent projects had included a focus on John's Campaign (the right of people living with dementia to be supported by their family carers) and the Butterfly Scheme, both with actions for service improvement. The service also supported a staff member to develop their special interest in supporting people with a learning disability. Senior managers told us that inclusivity was part of the culture of the hospital which meant they would always try to meet any individual need when identified. We were given examples of this including access boxes containing aids for meeting individual patient needs including those living with dementia, learning disability and psychological needs. The interpretation service was accessed by telephone. Members of staff were also able to utilis their first language to support patients.

Access and flow

People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.

Managers and staff started planning each patient's discharge as early as possible. Managers monitored the number of patients whose discharge was delayed and took action to reduce them. Staff supported patients when they were referred or transferred between services.

The service planned for admissions to the critical care unit. An intensivist pre assessment clinic for patients identified as high-risk had been introduced as part of this planning process. The aim of this pre-assessment was to minimise unplanned admissions to critical care and provide better transfer back to the surgical wards following treatment.

The critical care dashboard was a live document monitored by the governance team and critical care lead nurse and was used to inform the quarterly critical care governance report. It included the number of admissions, discharges and transfers, bed days available and bed days used, patients outreached. Between January and September 2023 there had been 25 unplanned admissions to the critical care unit. There had been five unplanned readmissions within 48 hours over the same period.

There was an average bed occupancy of 40%. The new chief executive had arranged meetings across the hospital to understand from each specialty how to better utilise the critical care service. As part of this utilisation work there were plans to relocate the unit to a different part of the hospital to allow higher acuity patients to be admitted to the hospital and level 3 critical care to be provided.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them.

Good

Critical care

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 practice.

There was a head of patient experience responsible for processing, investigating, and responding to complaints. The service learnt from complaints by breaking down information by theme. Data was presented at governance and staff meetings. Critical care leads worked alongside the complaints team when any complaint arose. There had been no complaints within the critical care service in the last 12 months. Learning from complaints was hospital wide.

Is the service well-led?

Good

Leadership

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

There were clear lines of accountability within the critical care service. The lead nurse was responsible for the nursing staff and reported to the head of surgical services who was a theatre nurse. Both reported to the chief nurse. Staff described the structure as reasonably flat and the chief nurse was described as visible.

There was a medical lead within the critical care service that staff described as always visible. The five critical care fellows received clinical support from intensivist consultants and line management from the head of surgical services.

There was a new chief executive, recently in post following a four-month period when the role was vacant. The finance director and chief nurse had taken responsibility for different functions within the organisation in the intervening period.

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.

A new chief executive took up their post two months ago and a new vision and strategy was being developed with involvement of staff and patients. Senior managers stated that one aim was to work with each specialty to understand overall service aims. Meetings with each specialty within the organisation including critical care, were in the process of being organised to ascertain what support each department needed in order to grow. This was also in conjunction with staff, patients and stakeholders to devise a strategy for the future.

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.

Good

Critical care

Staff told us they were mostly proud of the quality of care they were able to provide. We were told that everyone was respectful, approachable and supportive. There had been examples where surgeons had occasionally been demanding and staff told us they felt able to raise this without fear and told us human resources department (HR) had taken an active role in dealing with cultural issues. There were Freedom to Speak Up champions across the hospital including critical care.

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 clear governance structures in place. A governance framework oversaw performance and quality of care. We saw governance records which demonstrated good oversight of quality, performance and safety. Critical care reported into quarterly surgical governance group meetings and the quality and governance committee that is a subcommittee of the board of trustees. Minutes showed this was attended by key professionals including the chief nurse, director of governance and risk, medical and critical care leads. Risks, incidents, performance, patient experience, challenges including highlights were reported into this meeting.

Staff were clear about how the governance structure supported their work, including unit and nurse led meetings.

For information on the medical advisory committee please see the surgery section of this report.

Management of risk, issues and performance

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

The critical care risk register was incorporated into the surgical risk register. There was also a corporate risk register. The critical care lead nurse regularly reviewed the risk register. All staff were encouraged to contribute to the risk register. It was presented to the surgical governance group meeting and the hospital management board, which met on a weekly basis. The hospital management board's function was to respond to risks in a timely way and provide support where needed.

The risk register addressed the size and location of the critical care unit in its current location which was described as temporary. Controls in place included 1 to 1 nursing, organisation of equipment and level 3 patients being transferred out to another critical care unit if they required mechanical ventilation.

The critical care dashboard was a live document monitored by the governance team and critical care lead nurse. It recorded key performance and risk indicators broken down into safe, effective, responsive and well led categories. It included incidents, safeguarding, infection control, falls, medication, pressure ulcers, agency use, pain, mortality and morbidity.

The critical care dashboard was used to inform the quarterly critical care governance report which was reported to the surgical governance committee. Quarter 1, 2023's report showed many aspects of quality and safety were reported on and monitored.

Good

Critical 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.

For further information please see the surgery section of this report.

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.

A hospital wide patient forum began recently with two monthly meetings held so far. The group comprised of six patient representatives and key senior managers including the chief executive and head of patient experience. There was also a patient representative at the quality and governance meetings.

A recent serious investigation report contained hospital wide learning that included elements of people not being able to speak up which had resulted in change. Staff representative meetings occurred within each department and were moving to a two-way feedback process. The service was utilising the forum to canvass staff opinions to contribute to the strategy and we were told the access group (see responsive) came about as a result of staff influence from this forum. The governance lead was the executive lead for Freedom to Speak Up. There were 10 trained champions and a medical lead. Information that came to any of the champions was fed up to the executive lead. The director of governance and risk was the executive lead for Freedom to Speak Up. There were 10 trained champions and a medical governance lead.

Critical care staff contributed to the most recent staff survey for November 2022 to January 2023, had a 53% response rate. The staff survey action plan dated July 2023 for the hospital, addressed the staff survey findings such as board level managers involving staff in decisions and investment in technology.

Patient feedback was used to learn and improve the service. A report was collated every quarter which identified themes and response trends. Patients were surveyed in key areas of their experience including catering, consultant care, discharge and nursing care. The patient survey action plan dated Q1 2023 addressed pain management, call bells, admission process and empathy. All actions had completion dates which had been achieved.

Learning, continuous improvement and innovation

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

The service demonstrated they were continually learning and improving and had a good understanding of quality improvement methods. Among other continuous improvements examples included further benchmarking, developing the access project and the high risk pre assessment process carried out by the intensivists.

Good

Surgery

Safe	Good
Well-led	Good

Is the service safe?

Good

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. The training included a range of topics such as equality and diversity, moving and handling, infection control, fire safety, sepsis, learning disability and autism, and health and safety.

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

Consultants working under practising privileges were required to provide annual confirmation of completion of statutory and mandatory training requirements as appropriate.

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 training specific for their role on how to recognise and report abuse. We saw evidence that the overall compliance rate for safeguarding training for surgical staff, including on the wards and in theatres was 90%. This training included safeguarding children level 2 and safeguarding adults' levels 2 and 3. The named safeguarding lead had completed training up to safeguarding children level 4.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of types of abuse as documented in the safeguarding policy and knew the name of the safeguarding lead within the hospital. Staff followed the managerial hierarchy and would initially report safeguarding concerns to their manager.

Good

Surgery

We found the safeguarding policy which was up to date and included reference to modern slavery, female genital mutilation, PREVENT and other forms of abuse. The safeguarding policy was easily accessible to all staff in theatres, it was located on the hospital's electronic policy library.

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 visibly clean and had suitable furnishings which were clean and well-maintained. We witnessed housekeeping staff cleaning the ward areas and filling in a cleaning checklist throughout the day. Cleaning records were mostly up-to-date, weekly and monthly cleaning schedules were used, and that these were mostly completed. We saw that 'I am Clean' stickers were used on all pieces of equipment on the wards to indicate when the equipment had last been cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). Personal protective equipment such as disposable gloves and aprons were readily available in all areas. All patients were cared for in single occupancy room which reduced the risk of the spread of infection for example, infectious diarrhoea, methicillin-resistant Staphylococcus aureus (MRSA), amongst others.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had enough supply of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.

Staff followed the hospital infection prevention and control policy; they were bare below the elbows and used hand sanitisers appropriately. We saw all staff both clinical and non-clinical, adhering to good hand hygiene policy. We saw that new admissions were screened for infections such as MRSA, Methicillin sensitive staphylococcus aureus (MSSA), c-difficile and e-coli. We saw theatres had appropriate decontamination processes in place, the service had a Theatre Sterile Supply Unit (TSSU) team who managed any instruments that are sent off site for sterilisation.

Staff disposed of clinical waste safely. Clinical and domestic waste bins were available and clearly marked for appropriate disposal. We noticed information explaining waste segregation procedures and waste segregation instructions. We observed that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Staff worked effectively to prevent, identify, and treat surgical site infections. There had been one surgical site infection in the last year. We viewed the post infection review for the infection and found it to be comprehensive with actions completed. Learning was shared at the provider's IPC committee. The service had 24 hour seven day a week access to a consultant microbiologist for advice and support during investigations and sign off of post infection reviews.

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. The wards and theatres were designed to allow a good flow between the ward, theatre and recovery areas. All patients were cared for in private single rooms with en-suite facilities. Call bells and emergency buzzers were in the main patient bedroom area as well as the en-suite bathroom.

Emergency trolleys were available on each ward, in the pre-assessment clinic and in theatres. The emergency trolleys on the wards and theatres were secured with a plastic snap lock, so it was clear if someone had accessed the resuscitation equipment. Equipment in emergency trolleys were checked daily and we saw record check sheets that had been signed to confirm checks had been made. We checked various consumables and found they were sealed and in date. We checked the consumables within the trolley and found them to be in date.

Evidence demonstrated that technical equipment had been serviced and calibrated regularly. Safety checks had been completed and logged for anaesthetic machines. Staff told us equipment faults could be reported electronically and were seen to quickly by the equipment maintenance team. Equipment we checked such as defibrillators and suction machines had up to date electrical safety tests.

The medicines' rooms on the surgical wards were locked to prevent unauthorised entry. We checked consumable equipment and found items we sampled were in date and packaging was intact, indicating it was sterile and safe for use in patient care. Staff kept substances which met the Control of Substances Hazardous to Health (COSHH) regulations in a locked cupboard in a room accessible by staff only. We saw these were stored appropriately.

Waste management was handled appropriately, with different colour coding for general waste and clinical waste. All clinical bins were seen to be operated with lids and were not overfilled. Waste management and removal including those for contaminated and hazardous waste was in line with national standards.

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.

All surgical patients were seen in the pre- assessment clinic prior to their operation. Pre- assessment patients were met at the reception area of the hospital before being taken to the pre- assessment nurse. During the pre-assessment appointment all pre- operation tests were performed. We saw a patient attending pre-assessment for surgery who had an ECG, blood tests, MRSA swab, height, weight and clinical observations performed. Patient were also offered telephone pre assessment based on their clinical needs.

We saw evidence in patient notes that risk assessments had been completed. For example, falls and venous thromboembolism (VTE) risk assessments. Patients who were at risk of falls had a yellow card placed outside of their rooms so staff could be made immediately aware of the risk. VTE risk assessments were completed for all patients and the risk was reviewed at each shift.

The hospital-wide admission and exclusion process included an admission checklist that verified patient details, checked patient labels and ensured that the patient's registration information was correct. The admission policy included a clear exclusion criteria. We were told that all surgeons worked within an agreed scope of practice. Staff received information about the patient prior to the day of their admission and could perform additional tests and screening on admission if needed. There was a twice daily bed management meeting where both ward nursing and theatre staff would flag any concerns they had about patient care and staffing levels for the day. Theatres held a daily huddle where a variety of topics were discussed to keep staff up to date about safety and activity in theatres such as staffing, any materials or IT issues, new risks or changes to policies. The use of the World Health Organisation (WHO) five steps to safer surgery checklist was embedded in practice and this was audit monthly. Audit results showed 100% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The hospital had procedures for the recognition and

management of sepsis and staff described how they would identify a deteriorating patient. Staff completed training on sepsis, the compliance rate with this training was 90%. An audit of sepsis care in 2021/22 found 100% compliance with the service's procedure. Staff used the national early warning score (NEWS2) tool to assess for patients at risk of deterioration. From October 2022 to March 2023 the NEWS2 audit found 98% compliance. Staff knew about and dealt with any specific risk issues. Under the safer surgery monitoring staff reported any pressure ulcers, venous thromboembolism (VTE) and catheter associated infections.

There were twice daily ward rounds and safety huddles. Consultants reviewed their patients' condition as part of the daily ward round. Resident medical officers were on site 24 hours a day, 7 days a week and would conduct the second ward round. They would call the consultant surgeon if they had any concerns. If a patient deteriorated, nursing staff would escalate for support from the resident medical officer. The resident medical officer would contact the patient's consultant and notify the hospital's critical care team for transfer to the hospital's critical care unit. Arrangements were in place for transfer to a local NHS hospital in case the patient required complex care.

Patients received a discharge information pack which included a telephone number so patients could call the ward at any time of the day if they had any questions or concerns.

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 hospital used a staffing tool which was based on an analysis of the dependency of the patients and the subsequent nursing activity required to meet the patients' needs. From this, the required number of nurses and healthcare assistants were calculated for each shift. During our inspection, we saw that planned numbers of nursing staff had been met. The hospital used a team of bank staff to cover any shortfalls in ward staff to ensure they were able to provide safe care.

The operating department used guidance set out by the Association for Perioperative Practice related to safe staffing levels. Theatre staffing levels were also based on nationally recognised guidelines such as the Association of Anaesthetists of Great Britain and Ireland and the British Anaesthetic Recovery Nurses Association. Each theatre was staffed with one team leader, two qualified and one unqualified member of staff.

Planned activity for the hospital was reviewed by managers on a weekly basis so that substantive and bank staff could be flexed according to activity and patient acuity when needed.

All staff had a period of induction, and supervision where required, on commencing work at the hospital. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies. The hospital reviewed staff absence and recruitment and retention information to ensure adequate staffing at all times.

Medical staffing

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

Good

Surgery

The service had enough medical staff to keep patients safe. The service was consultant led. Consultants and anaesthetists worked under practising privileges agreements. Under practising privileges, a medical practitioner is granted permission to work within an independent hospital. Practising privileges were granted to consultants by the medical advisory committee (MAC).

Consultants with practising privileges had their appraisal and mandatory training provided by their NHS trust or independently, depending on where their connection for medical revalidation was with. Their revalidation recommendation was provided by their responsible officer and hospital required ongoing updated evidence of this.

The MAC reviewed and advised upon the continued eligibility of consultants' practising privileges every 2 years for those with a continuing NHS practice and annually for those consultants working exclusively in the private sector.

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. Staff reported that if they needed a patient's consultant to attend, they were able to contact them easily. In the event the consultant was unavailable, the consultant would ensure there was another consultant who covered for them. The service was also supported by on-call anaesthetists and consultants who worked to speciality specific service level agreements. Surgical consultants had access to support from consultant physicians via a service level agreement (as part of their practising privileges contract) and an on-call rota. This included arrangements for anaesthetists. The hospital had registered medical officers (RMO) who covered the day-to-day care of patients on the ward. The RMO are on duty 24 hours a day, seven days a week. Anaesthetists were available including for emergency surgeries.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used both electronic and paper-based records to document patient information securely. Diagnostic images could be viewed electronically. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required. We viewed 6 patient care records, which contained the patient's consent form, written theatre record including observations and discharge information. Records we reviewed were completed appropriately. Records were stored securely; paper records were stored securely in a locked cabinet when not in use and electronic records were stored on computers which were locked when not in use. Staff completed training in information governance and cyber security.

Consultants sent letters to the patient's general practitioner (GP) with the patient's consent, with information around the outcome of consultations and procedures for outpatients. Patients who were admitted to the hospital would also have a discharge summary sent from the consultant to the patient's GP with the patient's consent.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. A medicines management policy was in place, which covered obtaining, prescribing, recording, handling, storage, security, administration and disposal of medicines. Staff we spoke with were familiar with the policy and aware of their roles in managing medicines safely.

Medicine records were completed appropriately including details of allergies and medicines reconciliations. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Medicines including intra venous fluids (IV Fluids) were stored securely, and access was restricted to authorised staff. We saw no medications was left unattended. Staff carried out daily checks on controlled drugs (CDs) and medication stocks to ensure medicines were reconciled appropriately. CD destruction kits were available, and staff could describe how they would destroy them.

Medicines that needed to be kept below a certain temperature were stored in locked fridges. The treatment rooms where medicines were stored were air-conditioned, which meant the temperature could be maintained within the recommended range (below 25°C). Room and fridge temperatures were checked daily and stored within the correct temperature range.

All emergency medication boxes that were kept on or near the resuscitation trolleys were in tamper evident boxes. Records showed that daily checks of medicines stock on the resuscitation trolleys were performed to ensure that they were fit for use in accordance with hospital policy.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We saw an effective reporting culture within the pharmacy department and saw that incident, including near misses, were routinely reported. Medicine incidents were reported through the hospital's electronic reporting system. Staff could describe how safety alerts are received, disseminated and how actions are assured.

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 reported incidents using the electronic incident reporting system. Staff said they felt confident to report incidents and knew what constituted as an incident. Not all staff we spoke with had reported an incident. Agency staff who regularly worked at the hospital had been given additional training and access to the electronic reporting system which meant they could report incidents.

Incidents were discussed at the monthly clinical governance meetings. We reviewed three sets of minutes and saw evidence incidents and adverse events were discussed, investigations into incidents reviewed, the actions taken to reduce risk and reduce the likelihood of reoccurrence put in place and to see if there were any trends emerging.

Incident information from the clinical governance meeting was feedback by the heads of department to their teams. This happened in a number of ways, via team meetings, emails and during handovers. Staff we spoke with confirmed they received feedback from reported incidents, both those relating to their immediate area of work and those that had been reported elsewhere in the hospital. This promoted shared learning from incidents throughout the hospital.

Staff gave us examples of when change or training was required as a result of an incident. For example, hospital admission procedures and consent information after a patient was found to have been admitted inappropriately. Refresher training for staff on the consent procedures was provided as part of the learning from this incident.

Good

Surgery

Minutes from the medical advisory committee (MAC) meetings showed incidents were discussed at these meetings. This showed that consultants had awareness of incidents being reported at the hospital.

There were no regular mortality and morbidity meetings to discuss unexpected deaths or adverse incidents affecting patients. The hospital told us such cases would be included in the clinical governance and medical advisory meetings as required.

The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Staff we spoke within the surgical service could explain duty of candour and understood their responsibility to be open and honest with patients and their relatives when something had gone wrong. It was the responsibility of the senior management team to ensure the principles of the duty of candour had been completed.

Is the service well-led?

Good

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The hospital had a clear management structure in place with defined lines of responsibility and accountability. The hospital was led by a chief executive, who had overall responsibility for the hospital, a chief nurse among other senior management staff.

There was a surgical services manager, matron and the surgical coordinator as part of the surgical services management. Leadership within the surgical services reflected the visions and values of the hospital and promoted good quality care. Staff told us the senior managers were supportive and approachable.

Theatre and ward staff stated that the chief executive, the chief nurse and the director of clinical services were approachable and visible, and they felt well supported by them. Staff told us that the senior managers visited each department regularly.

Consultant medical staff told us they had a good working relationship with the staff and senior management to deliver care and meet patients' needs.

We observed good leadership and communication amongst the theatre team. We were told by a consultant surgeon 'the theatre team was good'.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with staff and patients.

Good

Surgery

The hospital had as a strategy and vision for achieving the priorities and delivering good quality care. Staff were aware of the overall corporate vision, which was: 'To be recognised as a world class healthcare provider and to bring together the best people who are dedicated to developing excellent clinical environments and delivering the highest quality patient care'.

There was a clear vision to what the hospital wanted to achieve and a plan on how to achieve the vision which had been developed with staff and patients. This vision was underpinned by; effective clinical governance, an open reporting and safety culture with continuous learning to improve the patient experience and offering. The service aimed to increase capacity and generate more activity by attracting more patients and consultants.

Staff we spoke with told us they had been consulted regarding the service's vision and strategy and felt involved in decision making. Progress was monitored by measuring aims and objectives against a planned framework which was overseen by the hospital board.

New staff told us they were made aware of the hospital's vision and values at induction, and this was reinforced through the appraisal programme. Staff we spoke with felt overwhelming pride in how they provided care for patients. Staff talked about their dedication and the commitment of teams to provide the best patient experience.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear

Staff we met with, were welcoming, friendly and passionate about working at the hospital. It was evident that staff cared about the services they provided. Staff were committed to providing the best possible care to their patients. Staff told us that they enjoyed working in the department and felt supported by their departmental managers. Department managers told us that they had an open-door policy, and they were proud of their staff and their departments.

Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised. When incidents had caused patient harm, duty of candour was applied in accordance with the regulation.

Staff felt they were kept up-to-date and were made aware of changes needed within practice. We saw positive and supportive relationships between the leaders, consultants and staff at all levels and from all departments.

There were two freedom to speak up guardians (FTSUG) who staff knew they could approach confidentially about concerns and poor practice. Most staff we spoke with said they would not have any concerns in contacting the FTSUG if required. Staff knew about the service's whistleblowing policy and said they felt they would be supported by senior managers to express their views about the service without fear or threat of retribution.

Governance

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 established and effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

Good

Surgery

The hospital's governance and assurance framework were supported on site and by the Quality and Governance committee and a subordinate group meeting structure that includes medicines management, infection control, and health and safety. Each committee had terms of reference which were reviewed annually. The groups met regularly and fed into the Quality and Governance committee and the Medical Advisory Committee.The hospital's governance and assurance framework were supported on site and by the board's subcommittee, such as medicines management, infection control, and health and safety. Each committee had terms of reference which were reviewed annually. The committees met regularly and fed into the medical advisory committee, and corporate clinical governance and safety committee.

Service level clinical governance meetings were held monthly. The clinical governance committee discussed incidents, complaints and departmental changes. Surgery and critical care services fed into the hospital wide quality and governance committee.

Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at relevant meetings, including the MAC. Practising privileges were monitored by the MAC chair, medical director, and the medical governance team, who ensured consultants were compliant with their contracts. The medical advisory committee (MAC) met quarterly and the minutes for the last three MAC meetings demonstrated key governance areas were discussed including incidents, complaints and practising privileges.

The Quality and Governance committee was chaired by the Medical Governance Lead and met quarterly. We reviewed four sets of minutes of these meetings and saw incidents, complaints, patient outcomes and audit were amongst the agenda items discussed. The meetings were well attended by managers and clinical staff. We reviewed four sets of minutes of these meetings and saw incidents, complaints, patient outcomes and audit were amongst the agenda items discussed. The meetings were well attended by managers and clinical staff.

Theatre team and surgical ward team held monthly team meetings. We reviewed minutes of these meetings which showed information was cascaded to staff.

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

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

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.

There was a risk management strategy, setting out a system for continuous risk management. There was a hospital wide corporate risk register which highlighted key risks to the service. Risks were discussed at monthly senior management team meetings, and we saw risks were weighted depending on severity and actions were taken to mitigate them. All risk registers was monitored through the governance framework of meetings. Performance activity and quality measurement was recorded and reported to senior leadership team of the hospital.

Good

Surgery

The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included the management of discharge medication, managing patient falls and safe staffing levels. Risks were identified and addressed quickly and openly. Staff identified the risk of medical equipment servicing and compliance, and processes were reinforced to ensure equipment was checked and serviced within the required timescales. Staff discussed the risks to the service at each quality and safety board meeting and committee members considered any other risks in their department.

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

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.

Leaders had access to performance measures about quality, operations and finances, and used it to improve the service. Patient information and records were stored securely in all areas we visited. The hospital used electronic and paper-based patient records across the hospital.

The service had access to pathology and diagnostic imaging. All staff had access to the hospital intranet where all service policies were stored online. On discharge, patients received a printout of all treatment received which they could share with their GP if they wanted to.

Staff had access to a range of policies, procedures and guidance which was available on the service's electronic system. Staff also told us that information technology (IT) systems were used to access the e-learning modules required for mandatory training. Information technology systems were used effectively to monitor and improve the quality of care. For example, there was a risk management system where incidents and complaints were recorded.

The hospital had clear service performance measures, which were reported and monitored by the senior management team. There were systems in place to ensure that data and notifications were submitted to external bodies as required. All designated staff had access to patients' medical records which included assessments, tests results, current medicines, referral letters, consent forms, clinic notes, pre- and post-operative records.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All patients were asked to complete a provider feedback questionnaire about their experience. This feedback was audited, shared with staff and used to drive improvement. All staff had access to support and supervision if necessary, and staff felt they were supported with their wellbeing.

Staff felt they were consulted on changes. We were provided with examples of positive staff engagement initiatives such as engagement meetings between the senior leadership team and theatre staff, regular hospital wide engagement sessions.

Good

Surgery

Members of the public were invited to attend open events held at the hospital throughout the year, where staff would speak about a particular health topic including the various treatment options available.

The theatre and ward teams had monthly staff meetings where staff were encouraged to raise concerns or share experiences and we saw evidence of this in meeting minutes we reviewed. Senior staff told us there was a good attendance at these meetings. The senior leadership team told us there was a monthly staff forum, which was open to all staff including bank and agency staff. The leadership used this meeting to let staff know what was happening at the hospital and seek feedback. This made sure all staff were hearing the same information at the same time. Information was also cascaded to staff through newsletters, emails and staff noticeboards.

Learning, continuous improvement and innovation

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

There was a focus on continuous improvement and quality. Leaders were responsive to concerns raised and performance issues and sought to learn from them and improve services. The service had acted to address concerns raised in our last report. There were practices on wards and in theatres to review performance and identify how their services could be improved. Improvement plans were displayed along with improvement action plans.

The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow that was required. The quality improvement initiatives included those in response to feedback from both patients and staff.

Staff at all grades were committed to continuous learning. All staff we spoke with told us they were supported by their managers to develop their leadership skills and access development opportunities. All staff had access to the hospital e-learning system which provided both mandatory and additional training modules. There was a process for applying for funding to attend external training, which staff told us had been successful in the past. The hospital had introduced a daily clinical meeting, which took place during lunch time and was attended by the senior management team and a representative from each department in the hospital and discussed the day's operational issues.