

# Cobalt Hospital

## Quality Report

Cobalt Business Park,  
Silver link North,  
Newcastle Upon Tyne.  
NE27 0BY

Tel: 0191 2703250

Website: [www.cobalthospital.co.uk](http://www.cobalthospital.co.uk)

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Cobalt Hospital is part of Ramsay Health Care UK Operations Limited. It is a purpose built 6 bedded day case facility with no overnight beds. It also has an outpatient department. The hospital provides elective day care services in minor general surgery, minor orthopaedics, endoscopy and plastic surgery to the local populations of Newcastle Upon Tyne, North Tyneside and surrounding areas. Private services commenced at Cobalt Hospital in 2006, this involves primarily cosmetic surgery services (facial, breast, body contouring and non- surgical treatments).

The hospital does not provide any services for children and young people aged between 0 and 18 years. The hospital does not admit emergency patients. Cobalt Hospital contracts services for diagnostic imaging, pathology, histopathology, pharmacy services, blood transfusion, critical care and non- critical transfer, occupational health, and physiotherapy. These services did not form part of this inspection report.

There are 43 staff, 3 employed doctors and 15 consultants working at this hospital. The senior leadership team comprises of the General Manager, Matron and Finance Manager. The hospital is supported by experts within the Ramsey Health Care Group and externally from local NHS providers.

We inspected the hospital from 29 to 30 June 2016 and undertook an unannounced inspection on 8 July 2016. We inspected this hospital as part of our independent healthcare inspection programme.

Overall, we rated Cobalt Hospital as good. We rated it good for being safe, effective, caring, responsive and well led in surgical services and out patients.

### **Are services safe at this hospital**

We rated safe as good because:

- Staff were knowledgeable about the reporting process for incidents using the electronic hospital incident reporting system. Staff were encouraged to report all incidents and felt that the senior management team demonstrated effective management of all incidents. Lessons were learned across the organisation.
- Policies and procedures were in place for transfer and escalation of patients to local NHS hospitals when necessary. The hospital had links to local NHS trusts and was part of the local critical care network.
- The hospital had appropriate service level agreements and associated quality monitoring in place for services which were outsourced. These included diagnostic imaging, pathology, histopathology, pharmacy services, blood transfusion, critical care and non- critical transfer, occupational health, and physiotherapy.
- Safeguarding procedures were well managed and staff were aware of the safeguarding policies and principles within the hospital. The matron was the designated hospital lead for safeguarding adults and children. This individual was trained to level 3 in safeguarding children and vulnerable adults.
- The duty of candour is a legal duty on healthcare providers that sets out specific requirements on the principle of being open with patients when things go wrong. All staff had a good understanding of this duty and we observed the duty of candour being implemented in relation to a serious incident. Ramsay Health Care UK had provided training for senior staff and prioritised the principles of duty of candour in its overall strategy.
- Nurse staffing was adequate to meet the needs of patients. Actual staffing was in line with planned during our inspection. Nurse to patient ratios were observed as good, with 1:5 or less. A flexible approach was taken to ensuring any changes were made to facilitate adequate staffing levels and competence in the hospital. Many staff were able to work across more than one area. There was no use of agency nursing staff at Cobalt hospital in 2015 and up to May 2016.

# Summary of findings

- Three medical staff were solely employed by Cobalt Hospital and covered the day case service from Monday to Thursday 08.30am to 08.00pm with Friday and Saturday 08.30am to 05.30pm. They also covered any on call enquiries from patients if required. We observed good teamwork and communication between the team. One member of the team was an anaesthetist which supported skilled cover in emergencies.
- Consultants were employed under the Ramsay Health Care UK practising Privileges policy. There was 15 consultant staff with practising privileges. The senior manager held the required information for every consultant in line with their practising Privileges policy. The hospital had information accessible to all staff which outlined consultant cover and cross cover arrangements.

## **Are services effective at this hospital**

We rated effective as good because:

- There were processes in place for implementing and monitoring the use of evidence-based guidelines and standards to meet patients' care needs.
- Surgical services participated in national clinical audits and reviews to improve patient outcomes.
- All policies and local procedures were agreed and signed off through the clinical governance committee and medical advisory committee (MAC).
- Cobalt hospital contributed to the private healthcare information network (PHIN) as part of benchmarking its practice.
- Between January 2015 and December 2015 there were 4 cases of unplanned transfer of an inpatient to another hospital. All cases of unplanned transfer of an inpatient to another hospital were discussed at the clinical governance committee and the MAC. These were also reported through to the organisation's clinical governance meetings.
- Practising privileges arrangements and agreements as well as revalidation were robust and effective.
- All staff had received an annual appraisal.
- Consent to treatment was appropriately obtained.
- Staff had completed some training with regard to the Mental Capacity Act and Deprivation of Liberty Safeguards.

## **Are services caring at this hospital**

We rated caring as good because:

- Senior managers and staff involved and treated patients with compassion, kindness, dignity and respect.
- The results of the Friends and Family test demonstrated that 100% of all patients at Cobalt Hospital were 'extremely likely' or 'likely' to recommend the service to family and friends.
- Ramsay Health Care UK reported patient experience in monthly reports. In May 2016 results for Cobalt Hospital were very good. The comments complimented all levels of staff as individuals and where improvements could be made apologies were made to patients and actions were documented.
- Appropriate emotional support was provided to patients. There was access to psychological support for men and women undergoing cosmetic surgery.
- There was access to specialist advice and support when required.

## **Are services responsive at this hospital**

We rated responsive as good because:

- The hospital was meeting overall referral to treatment indicators (RTTs).
- The service was responsive to the needs of patients.
- There were robust procedures for safe transfer of patients to acute hospitals if required. These were understood by staff.

# Summary of findings

- Patients admitted to Cobalt hospital were assessed for admission suitability by their consultants. Risk classification was in line with local and national guidelines. Patients who were assessed as not meeting low risk day case surgery criteria were referred back to their GP or consultant for review. There were no incidents of exceptions to this practice. The hospital had a strict admission criteria and policy.
- There was a service level agreement in place for the transfer and admission of patients to local hospitals in the event of patients becoming unwell. Staff we spoke with were familiar with arrangements however there was low incidence of inter hospital transfers. (Four in 2015).
- There were very few formal complaints. The hospital had a robust complaints procedure. The senior management team review all complaints. All complaints are reported at the senior management team/heads of department meetings. Actions in terms of themes and trends are discussed at the clinical governance committee and MAC.
- There was learning from complaints and examples of this were provided during the inspection.

## **Are services well-led at this hospital/service**

We rated well-led as good because:

- The hospital has an experienced and stable senior leadership team. There was strong local leadership of the service from the General Manager and Matron. Managers were approachable, available and visible within the hospital.
- There was good staff morale and they felt supported at ward and department level. There were low rates of sickness absence within the hospital for all grades of staff. There were no staff vacancies at the time of the inspection.
- There were robust arrangements in place between the senior management team and the MAC to monitor, agree and review practising privileges.
- There was a comprehensive committee and meeting structure to ensure governance, risk and quality management was effective. These committees included senior management team and heads of department, clinical governance committee, health and safety committee and the MAC. Meetings were held monthly at both hospital and organisational levels and minutes of these meetings confirmed monitoring of risk, quality and governance.
- Fit and proper person requirements were being met at this hospital, with all required checks being in place for the relevant senior staff.
- There were examples of innovation and improvement.
- A corporate Workforce Race Equality Standard (WRES) report and action plan against the 9 relevant indicators was in place for 2016. There were monitoring arrangements in place both at corporate and local level through the appropriate committee structures. The hospital also reported against these 9 WRES indicators to NHS England.

Our key findings were as follows:

- Medical and nurse staffing levels were adequate on the day case unit, theatres and outpatients services. Staffing establishments and skill mix were reviewed regularly and levels increased to meet patient needs where required.
- Arrangements were in place to manage and monitor the prevention and control of infection with dedicated personnel to support staff and ensure policies and procedures were implemented. We found that all areas we visited were visibly clean.
- There were no hospital acquired infections during 2015.
- There were no unexpected patient deaths during 2015.
- Processes were in place to ensure patients nutrition and hydration was effectively managed prior to and following surgery.
- There was sufficient equipment to ensure staff could carry out their duties. Processes were in place for monitoring and maintaining equipment.
- Staff understood their responsibilities to raise concerns and record patient safety incidents and near misses. There was evidence of a culture of learning and service improvement.
- Medicine management arrangements were in place. Medicines were stored securely and staff was competent to administer medicines.

# Summary of findings

- There were systems for the effective management of staff which included an annual appraisal. All doctors were appropriately vetted to ensure they had the skills to undertake surgical procedures.
- The hospital undertook a programme of local clinical audits depending on risk assessments. These covered a range of areas including infection prevention and control and medicines management.
- Senior and departmental leadership at the hospital was good. Leaders were aware of their responsibilities to promote patient and staff safety and wellbeing. Leaders were visible and there was a culture which encouraged candour, openness and honesty.

We saw several areas of outstanding practice including:

- An aesthetic day surgery study and audit and been performed and presented to the British Association of Aesthetic Plastic Surgeons (BAAPS) capturing practice and patient outcomes from 2010 to 2014. There were 455 procedures included in analysis; overall results were very positive with low complication rates and positive patient satisfaction.
- Patients undergoing endoscopy procedures were offered a deep sedation service, which was a dedicated list with an anaesthetist for those patients who were not able to tolerate lighter sedation methods.
- A nurse led out of hours on call service for patients to contact the team after discharge if they needed advice or support.

However, there were also areas of where the provider needs to make improvements.

In addition the provider should:

- Ensure that the policy for the use of preferred agency providers to cover nurse staffing is followed at all times.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating Summary of each main service

We rated the surgical service as good in safe, effective, caring responsive and well-led because:

- Patient safety was monitored and incidents were investigated with evidence of shared learning to improve care. The electronic incident reporting system was good and staff were confident to report incidents using the system.
- The environment was visibly clean. Staff demonstrated good infection prevention and control practice and knowledge of policy. There was no incidence of Clostridium Difficile or Methicillin-Resistant Staphylococcus Aureus (MRSA).
- There was good provision, maintenance and storage of equipment. Medicine storage was safe.
- Care records included patients risk assessments that were complete. Consultant staff, both surgeons and anaesthetists documented reviews in the care record.
- Mandatory training rates were good with most areas achieving 100%. Staff we spoke with felt supported to develop skills and competence. Staff were aware of safeguarding policies and we saw good display of information to guide staff and patients.
- The ward and theatre had an appropriate skill mix during shifts. Staff we spoke with understood the escalation policy if there was a shortfall in staffing due to sickness or increase in activity.
- We observed the world health organisation (WHO) '5 steps to safer surgery' in practice. Staff had robust arrangements for safety checking in both theatres.
- We saw staff treating patients with compassion, dignity and respect throughout our inspection. We saw good examples of caring in all observations of staff. Senior nursing and consultant staff were available on the wards so that patients and relatives could speak with them. We saw staff supporting patients with individual needs in a caring and supportive manner.

Good



# Summary of findings

- Arrangements for escalation and transfer of acutely unwell or deteriorating patients were good and there was evidence of safe transfer to local NHS hospitals. The recording of Early Warning Score (EWS) physiological observations was consistent.
- The arrangements for contacting consultants out of hours for support was organised by nursing staff who provided a 24 hour telephone helpline services and 48 hour follow up services after discharge. If patients called the service after discharge from hospital concerns would be escalated appropriately against an agreed algorithm.
- Staff treated patients in line with national and local clinical guidelines. Records for 2015 showed that 100% of staff across wards, surgery, and theatres received an appraisal. There was good multidisciplinary team working. Complaints were low and managed in line with hospital policy. Learning from complaints was shared across the team.
- The hospital held a clinical governance committee and ward meetings each month and advocated a 'board to ward' approach. We saw that the risk register was updated and action plans were monitored across the hospital.
- Staff we spoke with told us that matrons, consultants and senior managers were available, visible, and approachable; leadership of the service was good, there was good staff morale and staff felt supported at ward level. Staff spoke positively about the service they provided for patients and emphasised quality and patient experience.

## Outpatients and diagnostic imaging

Good



We rated outpatients as good in safe, caring, responsive and well-led because:

- There had been no Never Events and incidents were reported, investigated and lessons learned.
- The departments were visibly clean; cleaning rotas were up to date and equipment we inspected had been cleaned. Staff adhered to the use of personal protective equipment.
- There was sufficient and well-maintained equipment to ensure patients received safe treatment.

# Summary of findings

- There were sufficient nursing and medical staff within the department to ensure patients were treated safely. Staff were flexible in their working patterns to support the needs of the service and patient requests
- Medicines and medicine prescriptions were stored safely.
- Evidence-based practice, national guidelines and best practice standards supported patient care, which was delivered by skilled and competent practitioners.
- Staff in the department were competent, and there was evidence of multidisciplinary working.
- People were treated courteously and respectfully and their privacy was maintained. Services were in place to emotionally support patients. Patients were kept up to date with and involved in discussing and planning their treatment. Patients were able to make informed decisions about the treatment they received.
- Patients were able to be seen quickly for appointments, and clinics were only rarely cancelled at short notice. Most patients could be seen within one week of making an appointment.
- The hospital had very good referral to treatment times for 18 week indicators ensuring patients received access to treatment in a timely way.
- Mechanisms were in place to ensure the service was able to meet the individual needs of patients.
- Systems were in place to review concerns and complaints and take action to improve the experience of patients.
- The leadership of the service was good. The leadership, governance and culture promoted the delivery of high quality person-centred care.



# Summary of findings

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Good 

# Cobalt Hospital

**Services we looked at**

Surgery; Outpatients and diagnostic imaging.

# Summary of this inspection

## Background to Cobalt Hospital

Cobalt Hospital is part of the Ramsay Health Care UK group. It opened in May 2005 and is a purpose built 6 bedded day case facility. It also has an outpatient department. The hospital was established as part of a nationwide 5 year NHS contract called GC4 to deliver elective care services on behalf of local commissioners. At the time of the inspection, Cobalt Hospital was part of the extended choice network and has a NHS standard acute contract to provide elective day care services in minor general surgery, minor orthopaedics, endoscopy and plastic surgery to the local populations of Newcastle Upon Tyne, North Tyneside and surrounding areas. Private services commenced at Cobalt Hospital in 2006, this involves primarily cosmetic surgery services (facial, breast, body contouring and non- surgical treatments).

Surgical services comprised of two operating theatres, with six bay spaces for patient recovery post procedure. There was a dedicated admission area with two bays and separate changing room and locker facilities for patients. Two additional bays were allocated as recovery areas. The service had a fully compliant Theatre Sterile Services Unit (TSSU). Theatre one was dedicated to surgery and theatre two was utilised for endoscopy procedures from Monday to Thursday 08.30am to 08.00pm with Friday and Saturday (one per month) 08.30am to 05.30pm. There had been an increase in endoscopy activity in 2015/16 from approximately 50% to 70% of the overall surgical activity in Cobalt hospital. 96% of all activity was NHS and 4% was privately funded.

Cobalt Hospital provides outpatient services to NHS and other funded (insured and self-pay) patients from the Newcastle, Northumberland, North Tyneside and surrounding areas. The outpatient department hosted the specialities of gastroenterology, general surgery, orthopaedic surgery and plastic surgery. The department is open from 9am to 7pm Monday to Friday. From January 2015 to December 2015 the hospital outpatient department saw 8,182 patients. Of these, 3,262 were new appointments and 4,920 were follow-up appointments. The hospital saw 7,176 NHS appointments and 1,006 private patient appointments.

The hospital did not provide diagnostic imaging services. It does not provide any services for children and young people aged between 0 and 18 years. The hospital does not admit emergency patients. Cobalt Hospital contracts services for diagnostic imaging, pathology, histopathology, pharmacy services, blood transfusion, critical care and non- critical transfer, occupational health, and physiotherapy. These services did not form part of this inspection report.

The registered manager is the General Manager of the hospital and has been in post since May 2005.

The hospital was inspected as part of our planned inspection programme. This was a comprehensive inspection and we looked at the two core services provided by the hospital: surgery and outpatients.

## Our inspection team

Our inspection team was led by:

**Inspection Lead:** Sandra Sutton, Inspection Manager, Care Quality Commission.

The team included a CQC inspection manager, 3 CQC inspectors and a variety of specialists including: a surgical consultant, theatre nurse, outpatient matron and a non-executive director.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

# Summary of this inspection

- Is it responsive to people's needs?
- Is it well-led?

At Cobalt Hospital, the only core services provided were surgery and out patients. We inspected both core services during this inspection.

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew with us. These organisations included the local clinical commissioning groups.

We carried out an announced visit on 29 and 30 June 2016 and an unannounced visit on 8 July 2016. We talked with patients and staff from all areas of the hospital, including from the wards and outpatient department. We observed how people were being cared for, talked with carers and family members and reviewed patients' personal care or treatment records.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at Cobalt Hospital.

## Information about Cobalt Hospital

Cobalt Hospital serves the population of Newcastle Upon Tyne, North Tyneside and surrounding areas.

The hospital provides a day care facility for the diagnosis, assessment and treatment of conditions on a day case basis to NHS and other funded (insured and self-pay) patients. The hospital does not provide any services for children and young people aged between three and 18 years. The hospital does not admit emergency patients. Cobalt Hospital contracts services for diagnostic imaging, pathology, histopathology, pharmacy services, blood transfusion, critical care and non-critical transfer, occupational health, and physiotherapy. These services did not form part of this inspection report.

### Activity

- The hospital operates 6 day case beds.
- The hospital employed 43 staff as of December 2015 and has 15 consultants with practicing privileges. There were 3 doctors employed full time by the hospital. The hospital did not use agency staff for all staff groups between January 2015 and December 2015.
- There were no patient deaths at the hospital between January 2015 and December 2015.

There were 5,211 day cases and visits to the theatre between January 2015 and December 2015. Of these 4,904 were NHS funded. The most common surgical procedures performed were:

- Diagnostic gastroscopy 2,290
- Diagnostic flexible sigmoidoscopy 587
- Diagnostic colonoscopy 533
- Plastic excision of skin of other site 176

- Primary excision of malignant lesion – head and neck 158
- Carpal tunnel release 115
- Primary repair of inguinal hernia 86
- Excision of lesion of skin or subcutaneous tissue – head and neck 81
- Primary excision of malignant lesion – trunk and limbs 67
- Excision of ganglion 58

In the reporting period from January 2015 and December 2015, there were:

- No Never Events and one serious incident.
- No incidents of hospital acquired VTE or PE.
- 4 unplanned transfers (average rate of 0.08% per 100 inpatient discharges).
- 4 cases of unplanned readmission within 29 days of discharge (average rate of 0.23% per 100 inpatient discharges).

There were no reported cases of Clostridium Difficile (C. Diff), Methicillin-resistant Staphylococcus Aureus (MRSA) or Methicillin-sensitive Staphylococcus Aureus (MSSA) between January 2015 and December 2015.

The hospital has a Controlled Drugs Accountable Officer (CD AO) who has been registered since March 2012.

### Inspection history

This was the first comprehensive inspection of Cobalt Hospital. CQC last inspected the hospital in November 2013 and reported compliance with all the standards inspected at that time.

# Detailed findings from this inspection

## Overview of ratings






Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

1. We are will rate effectiveness where we have sufficient, robust information which answer the KLOE's and reflect the prompts.

# Surgery

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

## Information about the service

Cobalt Hospital provides a wide range of elective surgical services for NHS and private patients, referred from medical insurance, GP or consultant. Elective surgery includes general surgery, orthopaedic, cosmetic surgery and a Joint Advisory Group (JAG) accredited endoscopy service.

Surgical services comprised of two operating theatres, with six bay spaces for patient recovery post procedure. There was a dedicated admission area with two bays and separate changing room and locker facilities for patients. Two additional bays were allocated as recovery areas. The service had a fully compliant Theatre Sterile Services Unit (TSSU). Theatre one was dedicated to surgery and theatre two was utilised for endoscopy procedures from Monday to Thursday 08.30am to 08.00pm with Friday and Saturday (one per month) 08.30am to 05.30pm. There had been an increase in endoscopy activity in 2015/16 from approximately 50% to 70% of the overall surgical activity in Cobalt hospital. 96% of all activity was NHS and 4% was privately funded.

We visited all areas during our comprehensive inspection and unannounced follow up inspection. We talked to 12 patients and relatives and 15 staff, including nurses and health care assistants, allied healthcare professionals, anaesthetic doctors, operating department practitioners, consultant surgeons, support staff and managers. We observed the care and treatment of patients and reviewed 11 health care records and eight medicine prescription charts. Prior to inspection we reviewed performance information about the hospital and spoke with stakeholders.

## Summary of findings

We rated the surgical service as good in safe, effective, caring responsive and well-led because:

- Patient safety was monitored and incidents were investigated with evidence of shared learning to improve care. The electronic incident reporting system was good and staff were confident to report incidents using the system.
- The environment was visibly clean. Staff demonstrated good infection prevention and control practice and knowledge of policy. There was no incidence of Clostridium Difficile or Methicillin-Resistant Staphylococcus Aureus (MRSA).
- There was good provision, maintenance and storage of equipment. Medicine storage was safe.
- Care records included patients risk assessments that were complete. Consultant staff, both surgeons and anaesthetists documented reviews in the care record.
- Mandatory training rates were good with most areas achieving 100%. Staff we spoke with felt supported to develop skills and competence. Staff were aware of safeguarding policies and we saw good display of information to guide staff and patients.
- The ward and theatre had an appropriate skill mix during shifts. Staff we spoke with understood the escalation policy if there was a shortfall in staffing due to sickness or increase in activity.
- We observed the world health organisation (WHO) '5 steps to safer surgery' in practice. Staff had robust arrangements for safety checking in both theatres.
- We saw staff treating patients with compassion, dignity and respect throughout our inspection. We

# Surgery

saw good examples of caring in all observations of staff. Senior nursing and consultant staff were available on the wards so that patients and relatives could speak with them. We saw staff supporting patients with individual needs in a caring and supportive manner.

- Arrangements for escalation and transfer of acutely unwell or deteriorating patients were good and there was evidence of safe transfer to local NHS hospitals. The recording of Early Warning Score (EWS) physiological observations was consistent.
- The arrangements for contacting consultants out of hours for support was organised by nursing staff who provided a 24 hour telephone helpline services and 48 hour follow up services after discharge. If patients called the service after discharge from hospital concerns would be escalated appropriately against an agreed algorithm.
- Staff treated patients in line with national and local clinical guidelines. Records for 2015 showed that 100% of staff across wards, surgery, and theatres received an appraisal. There was good multidisciplinary team working. Complaints were low and managed in line with hospital policy. Learning from complaints was shared across the team.
- The hospital held a clinical governance committee and ward meetings each month and advocated a 'board to ward' approach. We saw that the risk register was updated and action plans were monitored across the hospital.
- Staff we spoke with told us that matrons, consultants and senior managers were available, visible, and approachable; leadership of the service was good, there was good staff morale and staff felt supported at ward level. Staff spoke positively about the service they provided for patients and emphasised quality and patient experience.

## Are surgery services safe?

Good 

We rated safe as good because:

- Staff we spoke with had a good understanding of the processes for incident reporting and there were arrangements in place to investigate serious incidents. There were a low number of incidents and patients were receiving harm free care. Staff were encouraged to be open and transparent about patient safety.
- The hospital was visibly clean and arrangements for infection prevention and control were good. We observed good hand hygiene practice and staff adhered to policies. Incidence of serious infection was zero across reporting. There was a very low incidence of surgical site infection that did not impact on patient recovery.
- Staff attended training and there was a commitment to supporting staff to be able to perform their roles safely. Medicines management and pharmacy arrangements were very good.
- Record keeping was found to be compliant with best practice and a unitary healthcare record was completed by members of the team across theatres and the ward. Nurses completed risk assessments to gain understand of patient individual risks and then plan safe care. The completion of the WHO surgical safety checklist was observed to be thorough with good monthly audit results. NEWS observation recording was good and staff understood processes for escalation and transfer of acutely unwell or deteriorating patients. Incidence of transfers were low and there had been no requirement for patients to receive blood transfusion, however staff were trained and prepared to care for patents safely either event.
- Arrangements for storage, maintenance and cleaning of equipment were good. Processes for sterilisation of surgical instruments were managed well, with all arrangements for the safe delivery of an endoscopy service being of a very high standard, in line with JAG accreditation.
- Nurse staffing was good at the time of inspection. Senior staff managed electronic rostering well to ensure safe staffing levels an appropriate skill mix. Medical staffing

# Surgery

gave good cover across all services for the day case service provided. Consultants with practising privileges worked closely with the team and we observed good communication and handovers.

## Incidents

- There had been no never events in 2015 and 2016. Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
- There had been two superficial surgical site infections (SSI) in 2015 and one in 2016. One in general surgery and two in plastic surgery specialties.
- There was a unified mechanism for reporting and analysis of incidents through an electronic system. 16 incidents were reported in 2015 and 13 in 2016 to the day of inspection.
- One serious incident had been reported in November 2015. The incident had been reported as a patient who had suffered acute kidney failure possibly due to post-operative retention of urine. Thorough reporting, investigation and actions had taken place as a result of the incident. We observed that the lessons had been shared with staff through the minutes of staff meetings. Staff we spoke with were aware of the actions put in place in clinical practice to prevent reoccurrence.
- The incident triggered a duty of candour to the patient which was actioned and a written apology was given to the patient. The duty of candour is a legal duty on healthcare providers that sets out specific requirements on the principle of being open with patients when things go wrong. Ramsay Health Care UK had provided training for senior staff and prioritised the principles of duty of candour in its overall strategy. Staff we spoke with had good understanding even if they had not received formal training. A presentation had been given by the general manager at the annual staff forum to support staff understanding of the regulation.
- Staff we spoke with told us of an open culture of reporting and senior staff and managers shared lessons from incidents with all staff. Senior staff were automatically informed of higher level or serious incidents through the system, and this was raised at a corporate level.
- All staff we spoke with knew how to access the reporting system and attended staff meetings where learning from incidents was shared.

- There had been no expected or unexpected deaths in the reporting period. Arrangements for mortality and morbidity review were in place bimonthly as part of the governance meeting structure and Medical Advisory Committee (MAC).

## Safety thermometer or equivalent (how does the service monitor safety and use results)

- The NHS safety thermometer provides a 'temperature check' on 'harm free care' Cobalt hospital had good arrangements in place to assess, monitor and measure progress for the following types of harms; pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism.
- There had been no incidence of catheter associated urinary tract infection (CAUTI) in January to December 2015. This indicator was not relevant to practice at this hospital site.
- There had been no incidence of venous thromboembolism (VTE) or pressure ulcers in the 2015 reporting period. We reviewed VTE screening assessment in five care records and all were complete at pre-assessment and on admission. The VTE screening rate target of 95% for NHS contracts was met for each quarter in 2015 with 99-100%. Nursing staff we spoke with told us that this was managed closely with consultant surgeons to ensure all elements of the documentation was observed and complete before the patient was transferred to theatre.
- There had been one incidence of slips, trips and falls in 2015. A patient had fainted, fallen at the bedside but had not sustained injury or harm as a result. Falls risk assessment was recorded as part of pre-assessment and admission processes.

## Cleanliness, infection control and hygiene

- There had been no incidence of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA) and Clostridium Difficile (C.Diff) reported in 2015/16. All elective patients undergoing surgery were screened for MRSA as part of the pre-assessment process.
- We observed, without exception staff follow hand hygiene procedures and 'bare below the elbow' uniform guidance for infection prevention and control (IPC). We saw staff use hand gels during contact with patients and the environment. An action plan had been implemented to improve patient visibility of staff hand hygiene



# Surgery

practice, although it was observed that the privacy afforded to patients in most bed spaces would restrict their view of hand washing sinks and therefore the opportunities taken by staff to decontaminate their hands. The question “do you always see someone washing their hands” was part of the commission for quality and innovation (CQUIN) target and incurred a financial penalty as it was not met. Use of hand gels was given additional priority to assure patients and improve recent survey results. Compliance with hand hygiene audits was high, with scores of 90% and above recorded for the previous 12 months before this inspection.

- There was a dedicated sterile services department, which serviced the Cobalt Hospital and the Tees Valley Treatment Centre as part of Ramsay Health Care UK with sterile surgical equipment for procedures. We also observed dedicated decontamination areas within the endoscopy theatre and IPC arrangements for endoscopy were good in line with the JAG accreditation status.
- We observed good intraoperative theatre practices, including hand decontamination, draping of patients, sterile gowns and gloves and antiseptic skin preparation.
- Staff had good access to personal protective equipment (PPE). Elective patients undergoing surgery were given written and verbal advice about preoperative preparation and monitoring was carried out as part of the surgical checklist to prevent and protect against healthcare associated infection.
- Staff had training in infection prevention and control and had to achieve competence in practices such as wound care, insertion of vascular access devices, such as, peripheral venous cannula and urinary catheters. There was a lead nurse for infection prevention and control at Cobalt hospital.
- We observed cleaning rotas in the domestic locked cupboard. They were signed, detailed and there was good sign off by a supervisor, who was the head of department for the TSSU. There had recently been two vacancies in the domestic team and posts were filled but had not commenced up to the date of inspection. The team had outsourced to local provider for cleaning duties for two weeks. The standard of cleanliness in the ward and theatres was observed to be good.
- We observed good audit results against standards of professional practice in the peripheral venous cannula care bundle for Cobalt hospital. Standards were measured against insertion of the device as well as

on-going care. 100% of standards were achieved for insertion of the device and 88% of standards were achieved for the elements of on-going care, including poor documentation of device number. An action plan included reviewing the policy to reflect the short timescale of cannula insertion, which was reported, would improve audit results.

## Environment and equipment

- Cobalt hospital was a purpose built modern facility with a design that facilitated the care of elective day case surgical patients. The environment was visibly clean and uncluttered. The hospital had good arrangements for storage in the ward and theatre areas.
- Staff we spoke with told us that they had good access to equipment, including bariatric, and all items of sterile single use equipment we checked were in date and stored correctly.
- Arrangements for waste disposal and storage of clinical specimens was clear, this also included good management of sharps disposal.
- There was a separate clean and dirty room provision for endoscopy equipment in theatres and a dedicated decontamination area that met best practice as part of JAG accreditation and standards for risk assessment, weekly water testing, machine checks and maintenance with accurate record keeping.
- Resuscitation equipment was central to the main ward. Staff performed and documented daily checks. We observed good provision of equipment for specific emergency scenarios on the trolley. Suction, oxygen and emergency call systems were available at the point of care and included in the daily check system.
- We observed good examples of anaesthetic equipment safety checks, in line with professional guidance, being carried out and documented by clinical and sterile services staff. Staff were clear about processes and responsibilities.
- All sterilisation of theatre instrument and equipment were managed by the Head of Department (HoD) in the TSSU to comply with Medicines and Healthcare Products Regulatory Agency (MHRA) requirements.
- The theatre team had responsibility for the implant register alongside consultant cosmetic surgery colleagues.
- A dedicated member of the theatre team had responsibility for arrangements for endoscopy

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decontamination; however staff worked well as a team to ensure there were no disruption to service. The level of expertise and knowledge amongst the responsible staff was very good.

- We observed good access to patient lifting and handling equipment and nursing staff checked equipment daily.
- We checked 24 items of equipment and found electrical equipment servicing carried out with clear labelling and dates where applicable.
- Environmental audit, to ensure a safe environment for all staff and patients, was performed by nursing staff against local policy and national guidance. An overall score of 98% was achieved against 91 questions or targets. The audit included trolley mattress checks with no breaches identified. One member of staff was observed to wear jewellery that did not conform to policy and one temporary closure on a sharps disposal bin was open. The action taken to share the results was clear in the minutes of the staff meetings, with reminders about uniform policy and the ward infection prevention and control nurse agreeing additional support of future audit of practice.

## Medicines

- All medicines were supplied, stored, prescribed, administered and disposed of in line with Ramsay Health Care UK and Cobalt hospital policy and procedures. Pharmacy services were outsourced to local provider, and a designated member of staff had responsibility for liaison and management of stored medicines, audit and staff training.
- Safe locker storage was accessible for patients that brought in their own medication during admission.
- We observed eight medicine prescription charts at random and found these to be correctly completed. Patient allergies were clearly documented.
- We observed safe storage of all medicines, including controlled drugs (CD's) at Cobalt hospital in the ward and theatre environment.
- CD checks were carried out by Cobalt hospital and pharmacy staff. CD record books had clear entries with legible handwriting.
- Arrangements for storage of medicines in refrigerated units were good. The recording of fridge and treatment room temperatures was accurately documented. The systems in place were consistent and understood by staff. Further assurance was given by the visiting pharmacist who performed additional audit. All audit of

refrigerated medicine storage demonstrated 100% compliance with standards. The pharmacists reported to Cobalt hospital that they were very happy with 100% compliance against all medicines audit in October 2015.

- Staff we spoke with told us that the prescription of antibiotics was in line with local antibiotic formularies that pharmacists monitored antimicrobial prescribing and liaised with NHS pathology and microbiology staff when required.

## Records

- We observed safe storage of patient care records and no identifiable information was visible or on display to people attending the ward or theatre.
- We reviewed 11 healthcare records at random. All records were paper copies. Cobalt hospital did not have electronic record systems, the documentation was integrated and all members of the healthcare team recorded care and treatment in the same care record. All reviewed were completed in full, clearly written and of a high standard. This included pre-assessment and patient information, risk assessments and standardised care plans.
- Staff we spoke with told us that Cobalt hospital would be part of the electronic pathway pilot process to be implemented in November 2016.
- We reviewed nursing documentation to be good with standardised care pathways. These were prescriptive and designed to minimise risk to patients. We also reviewed examples of the world health organisation (WHO) surgical checklist and all were found to be completed in full. All documentation was legible, signed and dated. Consultants provided a daily review of treatment as part of the care pathways.
- Cobalt staff performed bimonthly medical records audit against professional standards and Ramsay Health Care UK policy. 94% of healthcare record standards were achieved with most areas achieving 100% compliance against criteria. An action plan had been implemented to include discussion with surgeons at the MAC to improve consistent accuracy of operation notes, and identifying staff daily to complete 48 hour follow up phone call for patients.
- 100% of staff at Cobalt hospital completed data protection and information security mandatory training annually.

## Safeguarding

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- Ramsay Health Care UK had a safeguarding policy and staff we spoke with could access this on the intranet and seek advice from the hospital lead if required. We observed poster information to support staff at the nurse's station.
- Safeguarding training was provided as part of mandatory training. We found that 100% of staff had received safeguarding vulnerable adult's level one and 100% staff had received safeguarding children level one. Training was delivered by e-learning on a 3 yearly rolling programme.
- The matron was the lead for safeguarding and had attended level two and three safeguarding training for adults and children. The matron was also responsible for any issues related to female genital mutilation (FGM) in line with FGM: Multi-agency practice guidelines, 2014 (revised publication April 2016: Multi-agency statutory guidance on female genital mutilation).
- Cobalt hospital had not reported any safeguarding incidents or concerns in 2015 or 2016.
- The hospital matron took responsibility for adult and child safeguarding. Staff we spoke with were aware that the matron was the lead for safeguarding.

## Mandatory training

- Staff attended mandatory training in a number of subjects; fire safety, health and safety, equality and diversity, and annual clinical updates which included aseptic technique, hand hygiene and transfusion training. Manual handling training was provided as a one off session for new staff, all staff attended information security, data protection and customer service.
- There was good provision of basic life support (BLS) and additional training support for airway management and intermediate life support (ILS). Staff could access sessions on the corporate intranet and some sessions were delivered face to face. Staff felt supported to attend training.
- 100% of staff had received mandatory training at Cobalt hospital with some exceptions in 2015 that included one member of nursing staff having not achieved ILS, who did attend BLS (reducing attendance rates to 66%). One nurse did not complete the clinical update component in 2015 (reducing attendance rates to 75%).

- We observed nursing staff training and development workbooks which included written attendance of mandatory training and targets to achieve, alongside development reviews and competency achievements.
- Consultants with practising privileges attended mandatory training at their employing NHS trust and attendance was monitored and reported to Cobalt hospital as part of the appraisal and employment processes.

## Assessing and responding to patient risk

- Ramsay Health Care UK and Cobalt hospital advocated the use of an Early Warning Score system (EWS) to standardise the approach to recording patient's physiological observations and the early detection of the deteriorating patient. We observed two systems in use as an improved version of the chart was being introduced at the time of inspection. The National Early Warning Score (NEWS) had coloured coded scores and triggers to support escalation of the acutely unwell patient to senior staff.
- We observed good practice around scenario training to prepare staff to manage emergencies in the ward and theatres. These scenarios were documented and feedback was given to staff to develop performance.
- We found good evidence of risk assessment in the healthcare record for falls, nutrition, pain, VTE and pressure ulcer risk assessment.
- Patients had telephone or face to face pre-assessment depending on risk factors and the criteria for the surgical procedure being performed, in line with best practice. All patients undergoing colonoscopy would have face to face pre assessment and additional telephone support to prepare them for the procedure. This ensured that patients adhered to the correct bowel preparation as part of their care pathway.
- Surgical safety checklists were completed in all seven surgical cases we observed. Surgery specific checklists were reviewed in line with best practice for endoscopy, cosmetic surgery and general surgery. Staff working in theatres at Cobalt hospital were compliant with the five steps to safer surgery and applied the WHO surgical checklist to practice. There was 100% compliance with performing a calendar of monthly audit in theatres with positive results in surgical safety (including WHO surgical checklist), anaesthetics, peri-operative care and consent. Medical records audits were also completed monthly with overall 94% compliance in all elements. In

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one instance the compliance against recording start and time of procedure by consultant surgeons was poor. Nine out of ten cases did not have this recorded and this was addressed via the MAC as part of an action plan.

- There was a SLA in place for the transfer and admission of patients to local hospitals in the event of patients becoming unwell. Staff we spoke with were familiar with arrangements however there was low incidence of inter hospital transfers.(four in 2015)
- There was a clear process and policy (memorandum of understanding) in place in the event that a patient required blood components in an emergency. Staff had received training for the sampling, ordering and administration of blood transfusion. Two units of emergency blood could be transferred from a local hospital within 10 minutes. Blood products were not stored on site. In the event of a patient experiencing major haemorrhage post operatively an emergency transfer by ambulance would be arranged as a priority to a local NHS hospital in Newcastle.
- Three medical staff employed by Cobalt hospital covered the service. Whilst patients were onsite a member of the medical team would be in attendance. Two were trained in Advanced Life Support (ALS) and one of the medical team was an anaesthetist, who supported emergency cover.
- One patient transferred out to NHS local hospitals in 2016 was due to anaphylaxis and the other was arranged by the NHS consultant as equipment had not been available to perform the procedure at the Cobalt hospital. (two in total) Transfers in 2015 had been caused by two wound haemorrhages and a patient who had urinary retention post operatively. (three in total).
- The team provided a follow up service 48 hours after the patient was discharged home. Nursing staff made a telephone call to all patients and documented any issues or comments for each patient. Patients were given a helpline telephone number and nursing staff supported this service on call, overnight and at weekends. Any issues or concerns could be escalated to the patient's consultant or the Cobalt hospital doctor. Staff we spoke with were clear about the arrangements and reported that they worked well.
- Ramsay Health Care UK and Cobalt hospital operated an electronic rostering system for nursing shifts, called Allocate Health Roster. Heads of department could manage rotas, skill mix and staff requirements which gave good visibility of safety and staffing levels.
- Patient activity and acuity was reviewed in daily safety huddles and the team reviewed the plan for the current day and seven day forward view of staffing. A flexible approach was taken to ensuring any changes were made to facilitate adequate staffing levels and competence in surgical areas. Many staff were able to work across more than one area.
- There was nil use of agency nursing staff at Cobalt hospital in 2015 and up to May 2016.
- Actual staffing was in line with planned during our inspection. Staff we spoke with told us that staffing levels were generally good and managed closely. Nurse to patient ratios were observed as good, with 1:5 or less. A healthcare assistant supported registered nurses in wards and theatres and we observed safe levels of staff.
- Staff turnover was moderate at 20% to 33%, for registered nurses and health care assistants; however recruitment to vacancies was reported as good. The service was small and low establishment of planned staff in post translated to greater impact if staff shortages existed. Cobalt hospital had good examples of recruiting from staff who attended placement as student nurses. We spoke with staff that had joined the organisation from local NHS trusts and they had good experiences of joining the organisation.
- Staff sickness was reported as less than 10% in 2015, in all staff groups. The hospital covered shortfalls in shifts with hospital bank staff.
- During inspection in June 2016 the theatres had experienced high levels of short term sickness with two staff not fit for duties. Cobalt hospital had a clear policy for escalating nursing cover in theatres and preferred agency providers. On this occasion we noted that policy had not been followed and agency nursing staff had been recruited to cover short notice sickness from a non-preferred provider. Senior staff we spoke with told us that this was an exception and the incident had been reported and needed further review with staff. Staff we spoke with told us that staff recruited from a local agency were experienced theatre nurses, they were known to the team and completed local induction prior to working in the hospital.

## Nursing staffing

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- We observed good handover processes, safety briefing approaches and nursing staff were observed to have good relationships with consultant and medical staff. Staff we spoke with enjoyed working as part of the team in Cobalt hospital and felt supported by nursing colleagues.

## Surgical staffing

- Consultants were employed under the Ramsay Health Care UK practising Privileges policy. All consultant staff provided the organisation with standard information showing that they fulfilled the criteria for employment. There was 15 consultant staff with practising privileges. The senior manager held information for every consultant.
- Three medical staff were also solely employed by Cobalt Hospital and covered the day case service from Monday to Thursday 08.30am to 08.00pm with Friday and Saturday 08.30am to 05.30pm. They also covered any on call enquiries from patients if required. We observed good teamwork and communication between the team. One member of the team was an anaesthetist which supported skilled cover in emergencies. Two staff were Advanced Life Support (ALS) trained, all staff were ILS trained.
- The Medical Advisory Committee (MAC) had oversight of practising privileges arrangement for consultants and we saw evidence of these in minutes and in discussions with the team. There was an example of withdrawal of a consultant's practising privileges based on assessment of competence.
- Patients were admitted under a named consultant who had clinical responsibility. We observed anaesthetists working alongside consultant surgeons. We noted good availability for patients from surgeons and anaesthetists.
- There were good arrangements for consultants to cover one another when required. The management team and staff were all informed when a consultant was not available and who was providing cover. Staff we spoke with told us of arrangements for nominated deputies being clear and organised.
- The three medical staff employed directly by Cobalt hospital had positive experiences of working with the team and had been in post greater than five years. They were all employed permanently, were appraised and managed by the senior team and consultant staff.

Revalidation processes were carried out and support for study was available. The three medical staff we spoke with prioritised a person centred approach and they were actively involved in all aspects of the service.

- There was a member of the medical team, usually the anaesthetist, on site until the last patient was discharged home from the hospital.

## Major incident awareness and training

- Potential risks are taken into account when planning services, for example we saw evidence of test scenario training for the impact of adverse weather on services.
- Staff accessed policies in the event of major incidents. Staff had good access to policy and senior staff are available for advice when an emergency response was required. Escalation arrangements were seen to be good across the provider and local hospital network.
- Staff we spoke with told us that the arrangements for sterile services (TSSU) were good across Ramsay Health Care and the local area in the event of disruption to equipment temporary services could be accessed locally to sterilise surgical instruments.

## Are surgery services effective?

Good 

We rated effective as good because;

- We saw a range of evidence based policies and standard operating procedures in theatres and the ward. Patients were treated based on national guidance, standards and best practice and have good outcomes because they are receiving effective care and treatment that meets their needs.
- As a day case service Cobalt hospital participated in limited national clinical audit as relevant to the procedures carried out at the site. Outcome data for groin hernia repair and varicose vein surgery compared favourably with national averages but due to low activity results were not calculated. Low complication rates were reported for cosmetic surgery procedures over a four year period.
- Endoscopy is JAG accredited and takes part in annual submission of evidence to maintain this status with effective levels of practice.



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- All staff received annual appraisal and demonstrated competence to perform their roles. Staff we spoke with were qualified and skilled.
- Staff recorded patient fasting audit as part of a wider audit programme. Practice had changed to improve the patient experience of fasting for procedures and surgery. Admissions are staggered to prevent lengthy fasting periods.
- Patients we spoke with reported good pain management.
- Consent to care and treatment processes were good. Consultant staff were observed taking informed consent, supporting patients with information to make decisions and documentation was complete in all care records we reviewed.

## Evidence-based care and treatment

- We found that patient treatment and Cobalt care pathways were based on national guidance from the National Institute of Health and Care Excellence (NICE), the Association of Anaesthetics, and The Royal College of Surgeons specific care pathways were used for all patients undergoing surgery or endoscopy.
- We saw evidence that a medical device and breast implant register was in place and completed for each surgical implant.
- We noted that Cobalt hospital policies were written in line with national guidelines and review dates were clear.
- Cobalt hospital took part in all national and local audits for which they were eligible. These included patient reported outcome measures (PROMS) for low numbers of varicose vein and hernia surgery, commissioning for quality and innovation (CQUINS). The arrangements for cosmetic surgery were in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery 2016.
- The endoscopy unit was JAG accredited in January 2014. Accreditation is maintained with completion of an annual scorecard and submission to JAG.
- A programme of audit was carried out by nurse managers and outcomes reported through the meeting structure. Audits of medical records, VTE assessment, nutrition and hydration, cleanliness and environment, and peripheral vascular device care bundles were carried out in 2015/16.

- Cobalt hospital contributed to the private healthcare information network (PHIN) as part of benchmarking its practice.

## Pain relief

- We saw good examples of pain relief being prescribed and administered safely to patients. Pain assessment was pre planned and written in the care pathways.
- We observed that the pain score and assessment was included in the recording of observations and NEWS. In 11 charts we checked at random patients had pain scores documented.
- We saw Gloucester comfort scores being recorded by nursing staff for patients undergoing endoscopy. Patient comfort during endoscopy can be considered an important measure of endoscopy performance quality. Staff we spoke with told us that this was monitored. We saw evidence of this in the care pathway.
- We spoke with 12 patients recovering from a range of surgical procedures. Patients told us that they had good pain control.

## Nutrition and hydration

- Patients had a nutritional assessment at their pre-assessment appointment or on admission. The malnutrition universal screening tool (MUST) was used to screen patients.
- The MUST tool had been completed in 11 care records we checked at random.
- We saw good documentation of fluid balance recording for patients, including any intravenous fluids given during or after surgery. Staff we spoke with understood the importance of monitoring nutrition and hydration. We saw patients being prescribed and administered antiemetic medication to reduce the effects of post surgery and anaesthetic nausea.
- Cobalt hospital performed nutrition and hydration audit against professional standards and Ramsay group policies. In December 2015, the two elements that were measured had 100% compliance for 10 sets of patient care records. The audit included assessment of written evidence that the patient had been starved for the appropriate timescale prior to the induction of anaesthesia. Feedback of the audit results was shared in staff meetings.

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- We saw evidence of changes to admission times for patients as a result of patient surveys and a staggered approach to admission times had reduced the fasting times for patients.

## Patient outcomes

- There were 5211 visits to theatre in 2015. There had been four cases of readmission within 29 days of discharge from the hospital and four cases of unplanned transfers to other hospitals in 2015 which were similar to expected for independent acute hospitals. There had been three returns to theatres for patients in the same timescale, all with surgical bleeding or swelling that was corrected with no impact on recovery overall.
- All unplanned readmissions and transfers were discussed in the clinical governance meeting and MAC.
- Cobalt hospital participated in Patient Reported Outcome Measures (PROMs) for varicose vein and hernia surgery. In 2015 results were comparable with similar hospitals although it was recognised that low numbers of procedures performed made benchmarking outcomes difficult.
- PROMS for groin hernia showed Cobalt hospital health outcomes were in line with the national average for EQ-5D (measure of generic health status) index with 54 records checked at audit, statistics showed 18 had improved, nine had worsened. EQ-VAS (overall health related quality of life) showed that out of 53 records checked 14 had improved health, 27 had worsened health.
- PROMS for varicose vein were not calculated as there were less than 30 modelled records. For EQ-5D index out of 22 records, 14 reported improved health, and one worsened. EQ-VAS out of 21 records five had improved health, and 11 had worsened. The Aberdeen Varicose Vein Questionnaire out of 20 records, 19 were reported as improved and one worsened.
- Cobalt reported participation in GP audit, positive patient feedback, length of stay, monitoring of variances in care pathways and care bundles as part of overall monitoring of patient outcomes.
- An aesthetic day surgery study and audit and been performed and presented to the British Association of Aesthetic Plastic Surgeons (BAAPS) capturing practice and patient outcomes from 2010 to 2014. There were 455 procedures included in analysis; one patient was transferred to a hospital for management of

post-operative nausea, three had complications were breast haematomas had developed, but went on to have uneventful recovery. Three patients developed superficial wound infections that were managed with good outcome. Overall results were very positive with low complication rates and positive patient satisfaction.

## Competent staff

- All of the 43 staff employed at Cobalt hospital had received appraisal in 2015, with the exception of one member of the administrative and clerical team and one member of the nursing team in theatres.
- On an annual basis the consultant with practising privileges provides a summary report related to activity and performance over the previous 12 months to inform appraisal and revalidation. Consultants are required to provide a copy of their annual appraisal from their trust once performed. Any performance or competence issue outside of this cycle was raised through a process called 'facility rules' which guides practice and management of those accredited practitioners performing under practising privileges. The MAC chair and on occasion the full MAC would communicate any information to the responsible officer. We noted good examples of management of this system working well in cases where there had been concerns about competence or practice.
- A structured competency training pack was available to nursing staff. Healthcare assistants were working towards extending their role and competence and there was good opportunity for nurses to develop skills and competence across the surgical speciality to improve patient care and treatment.
- Annual mentorship programmes for registered nurses allowed them to support junior staff and student nurses on placement from university. The feedback from students was reported to be positive.
- Staff had a six week supernumerary and support period on commencing with the hospital as a registered nurse.
- There was a 100% validation of professional registration for nurses working in wards and theatres.

## Multidisciplinary working

- Care was coordinated between pre-assessment, wards and theatre staff ensuring the multidisciplinary team were involved in effective delivery of care.

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- The ward staff at Cobalt hospital liaised with local trusts, local authorities, and General Practitioners (GP's) to ensure arrangements for discharge were assessed for patients.
- Cobalt hospital had a service level agreement (SLA) with a local provider to deliver physiotherapy care and treatment to patients when required. Patients requiring elective shoulder and knee orthopaedic surgery could access the team on site.
- There was good communication between team members and staff we spoke with told us they felt supported. There was local policy for physiotherapy services which included Ramsay Health Care corporate expectations, induction and appraisal.
- There were good relationships with local trusts and service level agreements to support any referral or transfer of patients between the hospitals.

## Seven-day services

- Cobalt hospital was a day care facility and did not provide seven day services to patients. Theatre activity was managed over a six day time period, Monday to Saturday. Theatre lists commenced at 08.30 and ran up to 20.00hrs at night. Clinical staff would be on duty until the last patient was safely discharged home.
- The medical staff were available to contact out of hours and consultants were clear about their availability. Nursing staff managed an out of hours on call service for patients to contact the team after discharge if they needed advice or support. Staff we spoke with told us that the system worked well. If a patient required unplanned admission staff were aware of escalation policies to arrange this with consultants and local NHS hospitals out of hours.
- The need to access pharmacy, radiology or physiotherapy services out of hours was rare as most needs could be planned for patients during working hours. Physiotherapy was not provided on Saturdays.

## Access to information

- All staff had good access to policies and procedures through the corporate intranet.
- We reviewed care bundles and pathways that contained information staff needed to deliver effective care and treatment and included risk assessments, care plans and medical notes.

- The hospital shared relevant information with the patients GP. Staff we spoke with told us that they had good access to information and discharge letters were completed appropriately and sent on the day of discharge.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients gave consent to treatment in face to face pre-assessment appointments, consultant outpatient appointments and on the day of their procedure. We observed consultant surgeons and anaesthetists taking time to discuss informed consent with patients. The process was observed to be thorough. We reviewed five consent forms and found them to be documented clearly with all elements of the process complete. This was in line with national guidance from the General Medical Council (GMC) and Royal College of Surgeons.
- Consent audit results during 2015 showed 100% compliance with consent processes.
- Patients were given leaflet information about consent as part of the process. 12 patients we spoke with told us that they had received good information about their procedure and the risks and benefits of surgery to allow them to make an informed choice.
- Ramsay Health Care UK had corporate policies to guide practice in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). There was a hospital designated lead for MCA and DoLS. All staff had received training on MCA and DoLS as part of online safeguarding mandatory training.

## Are surgery services caring?

Good 

We rated caring as good because;

- We observed practice that respected and valued patients as individuals and care was person centred.
- Feedback from patients in local surveys and during inspection was positive about the way staff treat people who use the service. Care often exceeded expectations during our observations and in discussion with patients and staff.
- A strong person centred culture was visible. Staff were compassionate and caring. Individual patient needs



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were prioritised and care planned around those needs. Patients we spoke with had been given clear information in a way that informed them about their care, procedure and follow up care.

- Staff supported patients and those close to them to cope emotionally with the planned care and treatment.

## Compassionate care

- We observed patients being treated with compassion, dignity and respect throughout our inspection. There was a high degree of privacy afforded in the Cobalt hospital due to the design and flow of the patient journey through the unit. All staff were observed as being courteous and helpful.
- We observed consultant staff communicating with patients in a caring and informative manner, taking time preoperatively to discuss concerns and answer questions.
- Patients we spoke with had very positive responses, with responses including, 'I feel safe and have confidence in staff', 'first class team', 'if I had another operation I'd have it here', 'excellent hospital, all staff are very nice and polite' 'top marks for performance' and 'I was nervous but the team reassured me'.
- We observed staff introducing themselves by name to patients and relatives and patients we spoke with knew the names of the nurses and doctors that were caring for them.
- Staff were discreet in handing over of information and on the telephone to maintain patient confidentiality.
- We observed nurses answering nurse calls in a prompt and caring manner.
- Cobalt hospital performed patient surveys and participated in the friends and family test (FFT) for measuring patient experience and satisfaction. The response rate was low and below national average for NHS patients at less than 30%. All responses were very positive, with 100% of patients recommending this service.
- Ramsay Health Care UK reported patient experience in monthly reports. In May 2016 results were very good, with scores of above 95%. The comments complimented all levels of staff as individuals and where improvements could be made apologies were made to patients and actions were documented.
- We saw staff provide slippers and a dressing gown for a patient who had forgotten their own personal items. These items were new and available on site.

- A patient requested privacy during their endoscopy procedure with as few staff in attendance as possible. The patient had a healthcare background and staff communicated the requests sensitively amongst the team to promote the patients dignity.

## Understanding and involvement of patients and those close to them

- All patients we spoke with had been given information and had been fully involved in decisions about their treatment. People told us they felt involved in their care. Consultants and senior nursing staff were visible and available on wards for patients and relatives could speak with them.
- We observed individualised care planning and staff told us of a patient admitted who had dementia. Assessment for spinal anaesthetic was made in the best interests of the patient and this allowed a relative to be present in theatre to give reassurance throughout with the support from staff.
- We spoke with staff who were aware how to access interpreter services and observed display information at the nurses' station to direct staff to specialist advisors and contact numbers.
- Patients were offered the opportunity to walk around the ward as part of pre-assessment as a method of reducing their anxiety preoperatively.

## Emotional support

- We observed staff caring for patients in a way that supported their wellbeing. Time was taken by all staff to give information to patients and we observed staff listening to patients. It was clear from observation and documentation that we reviewed that patients had their physical and psychological needs regularly assessed and addressed when required.
- Cobalt hospital have established an SLA with a psychologist to which consultants can refer. Patients have to pay for the service and if required preoperatively the operation can also be subject to the patient attending the appointment. Senior staff gave one example of a patient who did not go through with treatment as she felt the 'counselling was unnecessary'.
- We observed a patient who had made a reasonable request to have a specific procedure without sedation, staff took time throughout to reassure and support the

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patient in order to achieve their individual request. The use of sedation would usually relax and reduce patient's anxieties and the team worked to emotionally support the patient.

## Are surgery services responsive?

Good 

We rated responsive as good because;

- There were effective relationships with local NHS trusts, which supported the planning of surgical services at Cobalt hospital.
- During this inspection we saw good examples of support given to patients with individual needs. Patients undergoing endoscopy procedures were offered a deep sedation service, which was a dedicated list with an anaesthetist for those patients who were not able to tolerate lighter sedation methods.
- The hospital achieved overall referral to treatment indicators for patients waiting within 18 weeks of referral to treatment. Cancellations were rare at Cobalt hospital, and delays to theatre lists were kept to a minimum.
- We saw evening and Saturday working to provide services to patients.
- There was low incidence of readmission to hospital and emergency transfer to NHS trust hospitals. When incidents occurred they were well managed by staff.
- Complaints from patients were low and processes were made easy for people to raise concerns. Staff responded well to patient complaints and were open and transparent in the approach.

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

- The service provided 96% of surgical treatment to NHS patients and 4% to privately funded patients. Private patients did not receive priority over NHS patients and staff we spoke with told us there was no difference in care and service. We observed care across NHS elective and cosmetic surgery private theatre lists and did not witness any difference in approach.
- Cobalt hospital received most referrals from local Care Commissioning Groups (CCG's) in Newcastle, Northumbria and North Tyneside. Booking of surgical

activity including waiting list initiatives worked well. SLA's were in place with local hospitals for urgent transfer of patients, depending on speciality if a higher level of care was required.

- We observed that staff worked flexibly to deal with busy times and increased activity in theatre. The Cobalt hospital facilities were good and staff could meet additional demands to meet patient's needs. The team managed capacity well. Staff communicated well in handovers and safety huddles to discuss availability and management of beds. On occasions when patients were not ready for discharge at 8pm staff would stay behind until the patient was fully recovered.
- Patients undergoing endoscopy procedures were offered a deep sedation service, which was a dedicated list with an anaesthetist for those patients who were not able to tolerate lighter sedation methods.

## Access and flow

- Ramsay Health Care UK had exceeded the 90% indicator for patients beginning treatment within 18 weeks of referral with 100%. This target was no longer a Department of Health (DH) requirement from June 2015 however; the information was still collected and provided assurance that results were consistently 100% for timely access and treatment.
- Senior staff we spoke with told us that private patients would choose a date for treatment and this could be outside of the 18 week indicator.
- We observed patient flow in the ward and theatre departments to be good. There had been 5211 day case visits to theatres in 2015. The design of the building facilitated a smooth patient journey from admission to discharge. It supported team work amongst staff, work was easily allocated and patients were visible to staff in the pre, intra and post-operative phases of care and treatment.
- There was a dedicated arrangement for pre-assessment of patients for surgery and this was provided by telephone or face to face appointments. All patients received pre-assessment.
- Patients admitted to Cobalt hospital were assessed for admission suitability by their consultants. Risk stratification was in line with local and national guidelines. Consultant staff we spoke with confirmed this practice.

# Surgery

- Patients who were assessed as not meeting low risk day case surgery criteria were referred back to their GP or consultant for review. There were no incidents of exceptions to this practice. The hospital had a strict admission criteria and policy.
- Cosmetic surgeons were offering procedures as day case that would normally be provided as overnight stay i.e. breast augmentation. This was working well as an enhanced recovery programme and a low complication rate was being monitored.
- We spoke with staff about the arrangements for safe transfer of patients to acute hospitals. They told us about recent incidents (two in 2016 and three in 2015) and outlined the escalation process. Patients were reviewed by the consultant and the hospital doctor who arranged admission with the local provider. A handover was given and the patient would be escorted by nursing staff with the ambulance crew. Staff gave an example of a late transfer as the patient who had become unwell had been late in the theatre list. The hospital remained open and staff were in attendance until the safe transfer had been made after 8pm.
- Patients admission appointments were staggered as a response to patient surveys and this had improved the quality of their experience and the flow of patients through the ward.
- Cancellations were rare at Cobalt hospital. The incidence was nil in 2015.
- Nursing staff were able to arrange a readmission to the Cobalt hospital if necessary as part of the follow phone call processes or in response to the 24 hour helpline for patients. This had happened on minimal occasions for example, a patient was asked to return to review a concern with a wound and possible infection that was then managed conservatively with antibiotics and dressings with good results.
- We saw evidence of and spoke with staff who told us that a dedicated theatre list was provided for patients with learning disability or special needs. This service had been developed with support from one of the employed medical team at Cobalt hospital. If patients had epilepsy or learning disability the team worked to provide an individual service to support their needs.
- Patient information leaflets were available and written in a Ramsay Health Care UK branded style. We saw information for private, fee paying patients around possible costs that would be incurred. Staff and patients we spoke with told us that all costs had been discussed at consultation, pre-assessment and on admission.
- Information leaflets were in easy to read formats and described what to expect when undergoing surgery, endoscopy and aftercare. Leaflets were available in other languages. The team accessed the 'experts in informed consent' (EIDO) leaflets for patients.
- Ramsay Health Care UK had a range of leaflets that gave information specific to supporting patient's recovery. Patients were given 24 hour helpline information on discharge to support them with any concerns and nursing staff contacted all patients 48 hours after discharge to offer advice and support if needed.

## Learning from complaints and concerns

- Cobalt hospital had a clear Ramsay Health Care UK policy for the management of complaints. Staff we spoke with were knowledgeable about the process and would escalate concerns to the senior staff on duty. All staff have training in customer service. The senior management team were appraised of all complaints as part of the governance arrangements at the hospital. The general manager had overall responsibility to oversee the complaints process, alongside the hospital matron.
- The Cobalt hospital had a leaflet 'we value your opinion' and poster to inform patients about the complaints process and how to give feedback. It included local information and advice on how to escalate a concern or complaint to external independent advisors for fee paying and NHS patients.
- Cobalt hospital monitored responses from patients in NHS Choices and in 2015 five people said they would be extremely unlikely to recommend the service, however eight were extremely likely to recommend.

## Meeting people's individual needs

- We spoke with staff who told us of examples when they had been responsive to the complex needs of patients, and for those patients with dementia and learning disability.
- Staff were able to access interpreting and translation services if they needed to.
- Cobalt hospital had established a service level agreement with a psychologist to which consultants can refer. There was access to a counselling service.

# Surgery

- Opportunity is given to all patients to take part on the Ramsay survey about their experience, this gives opportunity to raise concerns and these are escalated as a 'hot alert' to senior staff for prompt action and where possible local resolution.
- The hospital had received two formal complaints in 2015. All response compliance targets associated to complaints processes had been achieved since 2013. Patients are invited to discuss their complaint or concerns with the general manager.
- Complaints are logged in the electronic incident reporting system and included any statements or additional materials as documents.
- Learning from a complaint is shared through the committee structure and actions or lessons learnt are disseminated by heads of department through team meetings and individuals when necessary.
- Information is shared in regional and national meetings across Ramsay Health Care UK.
- The Ramsay Health Care UK corporate vision and strategy values in 2016/17 was focussed on patient focused care, cost effectiveness, engagement with stakeholders, valuing staff, delivering quality care and multidisciplinary working.
- Senior staff we spoke with told us of a commitment to the value of 'The Ramsay Way' delivering high quality care and we observed this in practice during inspection. Staff we spoke with at all levels in wards and theatres were able to tell us about a positive culture in Cobalt hospital and that the vision and values were shared during meetings and appraisals.
- We saw evidence of regional approaches to the vision and a 'Northern Blitz Spirit Strategy' was on display. Staff had received updates in team meetings and through email.
- Staff we spoke with told us that they were proud to work at the hospital and for Ramsay Health Care UK. Without exception staff told us that they enjoyed working with the team and it was clear that staff at all levels were supported and empowered to deliver a high quality service to patients.

## Are surgery services well-led?

Good 

We rated well-led as good because;

- The leadership, governance and culture promote the delivery of high quality person-centred care.
- The corporate vision and strategy were clear to staff we spoke with at all levels. The service was well led by the general manager and heads of each department. There were excellent working relationships with consultant staff.
- Staff spoke highly of the senior team, stating that they felt valued and supported. Staff engagement was good but we did not see formal staff satisfaction survey results. Staff morale was good.
- The governance arrangements for committee structures were clear to staff and meetings were well attended with good representation from the team. Key messages were shared.
- Risk management systems and processes were good. We saw good local risk assessment that informed the corporate risk register,

## Vision and strategy for this core service

## Governance, risk management and quality measurement for this core service

- The governance structures in place were simple, clear and effective. The general manager had oversight of a clear committee structure that met monthly or bimonthly. This included the senior management team (SMT) and heads of department (HoD's) committee, the MAC, chaired by a consultant surgeon, a health and safety committee and subsequent department meetings which met monthly and information was shared in a 'board to ward' approach.
- Three operational subcommittees also met to discuss blood transfusion, medicines management and infection prevention and control issues. These three meetings reported into the Clinical Governance Committee which was the central meeting attended by all representatives.
- Minutes from each committee meeting were of a professional standard and gave a clear account of agenda items, actions and responsibilities. They were available and emailed to all staff. This supported the good open approach to monitoring and measuring quality and safety in surgery and across the hospital. It was clear from reports that the Cobalt hospital was performing within expected targets

# Surgery

- The hospital risk register was an accurate reflection of risk assessments that had been made across surgery. There were 17 risks identified across a range of clinical, financial, health and safety and facilities or equipment risks. Risks had review dates and a grading system identified the level of risk. Staff we spoke with were knowledgeable about the risks in their areas, control measures or interim solutions in place to mitigate them and these were clearly documented.
- Any business financial pressures were reported as part of governance, the pressured did not appear to have an impact on the quality agenda or compromise quality of care. The senior team were knowledgeable about priorities and understood the challenges, taking action when required.
- Procedures were in place to ensure that 15 surgeons with practising privileges had valid professional indemnity insurance. We reviewed staff files and found arrangements to be in place for all staff. The general manager had a system to monitor the status of practising privileges, GMC registration and indemnity arrangements.

## Leadership / culture of service related to this core service

- Staff we spoke with spoke highly of the senior team and their colleagues. During the inspection there was a sense of leadership at all levels. We spoke with junior and healthcare assistant staff who were confident and knowledgeable about the organisation and their roles and responsibilities
- We observed professional communication amongst all staff, and staff had a rapport with one another. Teamwork was clearly demonstrated during observations of practice. There was a patient centred, open and approachable culture. Staff we spoke with felt respected and supported by senior staff and each other.
- Visible leadership was observed with heads of department, the matron role and senior management staff on site. Staff we spoke with told us senior staff were

approachable and supportive. Ramsay Health Care UK offered new HoD's a mandatory training course as a three day residential and the TSSU manager had attended this on starting in post.

## Public and staff engagement






- Patient's views and experiences were gathered through patient forums and a patient representative attended an annual endoscopy user group.
- Patients completed a Ramsay Health Care patient experience survey with positive results in all areas. One concern had been reported around visibility of staff washing their hands. During inspection we noted that the privacy afforded to patients in separate cubicles would not allow all patients to observe staff washing hands at sinks in the ward. Action had been taken to increase visibility of use of hand gel to improve patient perceptions of infection prevention and control practices and results in future surveys.
- Patients were involved in patient led assessments of the care environment (PLACE) audits at the hospital.
- Staff morale appeared good during inspection. Staff engagement was good; we saw staff satisfaction survey results and staff told us that they could express their views at any time to senior staff. Staff we spoke with told us that the team were rewarded with monthly awards.
- Staff satisfaction annual surveys were performed by the senior team, results were overall positive. The general manager presented the results to the team in the annual staff forum, which is well attended by staff. An action from the survey had included setting up a staff engagement group with good representation from the team.

## Innovation, improvement and sustainability

- The care certificate had been introduced for all health care assistants and two staff were progressing to advancing their practice as part of a national course provided by Ramsay Health Care UK.



# Outpatients and diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Information about the service

Cobalt Hospital provides outpatient services to NHS and other funded (insured and self-pay) patients from the Newcastle, Northumberland, North Tyneside and surrounding areas. The outpatient department hosted the specialities of gastroenterology, general surgery, orthopaedic surgery and plastic surgery. The department is open from 9am to 7pm Monday to Friday. The hospital did not provide outpatient services to children under the age of eighteen. No invasive procedures were performed in outpatients, including phlebotomy. Diagnostic imaging services were also not available at this hospital.

Cobalt Hospital outsourced a number of clinical services to local NHS trusts and a pharmacy company. These included diagnostic imaging, physiotherapy, histopathology, pathology, pharmacy services and occupational health.

From January 2015 to December 2015 the hospital outpatient department saw 8,182 patients. Of these, 3,262 were new appointments and 4,920 were follow-up appointments. The hospital saw 7,176 NHS appointments and 1,006 private patient appointments.

During the inspection, we visited all specialities within the outpatient department. We spoke with 10 patients, two nurses, two consultants, three administrative staff, two managers and one healthcare assistant. We observed the outpatient department and reception areas, checked equipment and looked at patient information. We reviewed 6 patient medical records in clinics and we observed the delivery of care and treatment to patients in the clinic.

Prior to and following our inspection, we reviewed performance information about the hospital.

## Summary of findings

We rated outpatients as good in safe, caring, responsive and well-led because:

- There had been no Never Events and incidents were reported, investigated and lessons learned.
- The departments were visibly clean; cleaning rotas were up to date and equipment we inspected had been cleaned. Staff adhered to the use of personal protective equipment.
- There was sufficient and well-maintained equipment to ensure patients received safe treatment.
- There were sufficient nursing and medical staff within the department to ensure patients were treated safely. Staff were flexible in their working patterns to support the needs of the service and patient requests
- Medicines and medicine prescriptions were stored safely.
- Evidence-based practice, national guidelines and best practice standards supported patient care, which was delivered by skilled and competent practitioners.
- Staff in the department were competent, and there was evidence of multidisciplinary working.
- People were treated courteously and respectfully and their privacy was maintained. Services were in place to emotionally support patients. Patients were kept up to date with and involved in discussing and planning their treatment. Patients were able to make informed decisions about the treatment they received.

# Outpatients and diagnostic imaging

- Patients were able to be seen quickly for appointments, and clinics were only rarely cancelled at short notice. Most patients could be seen within one week of making an appointment.
- The hospital had very good referral to treatment times for 18 week indicators ensuring patients received access to treatment in a timely way.
- Mechanisms were in place to ensure the service was able to meet the individual needs of patients.
- Systems were in place to review concerns and complaints and take action to improve the experience of patients.
- The leadership of the service was good. The leadership, governance and culture promoted the delivery of high quality person-centred care.

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as good because:

- There were clear systems embedded for reporting incidents. Staff were aware of how to raise incidents and we saw evidence of incidents being appropriately investigated and learning being shared.
- Cleanliness and hygiene was of a good standard throughout areas we visited and staff followed good practice guidance in relation to the control and prevention of infection.
- There was sufficient and well maintained equipment to ensure patients received the treatment they needed in a safe way.
- There were sufficient nursing and medical staff within the department to ensure patients were treated safely. Outpatient's staff were flexible in the working patterns to meet the needs of the service.
- Medical records were comprehensively completed and available for outpatient clinics.
- There were robust procedures in place to assist staff in assessing and responding to patient risk.
- Staff confirmed an understanding of safeguarding procedures and major incident plans.

### Incidents

- The hospital had an incident reporting policy in place. This included guidance on how to report incidents and how to investigate concerns. Staff we spoke with understood how to report incidents.
- The departments had robust systems to report and learn from incidents and to reduce the risk of harm to patients. Staff told us that the culture was one of honest reporting
- The services reported no Never Events between January 2015 and December 2015. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

# Outpatients and diagnostic imaging

- Overall, the hospital reported 16 clinical incidents across outpatients and surgery between January 2015 and December 2015. Out of the 16 clinical incidents there was one serious incident.
- We reviewed a root cause analysis investigation report (RCA) following one of the reported incidents within the outpatients department. The report contained a detailed background and chronology of events, issues around standards were highlighted, contributory internal and external factors were considered and identified lessons were learned. The report was of a good quality and was completed in a reasonable timeframe.
- Managers within outpatients told us they provided staff with verbal feedback from incidents at team meetings. Staff confirmed the manager fed back the learning from incidents and discussed how to improve practice.
- Staff were aware of the principles of Duty of Candour (DoC). 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 confirmed knowledge of the local hospital policy regarding Duty of Candour. Managers explained that patients were informed verbally at the earliest opportunity when an incident had occurred. Staff investigated the associated incident and updated the patient of the outcome in writing which included a formal apology.
- All staff could describe the principles of being open and honest with patients. All staff we spoke with said that they would be happy to speak to patients and their families if an incident had occurred.
- Policies and procedures for the prevention and control of infection were in place. Staff understood them and could describe their role in managing and preventing the spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons was used correctly and available for use in the departments. Once used it was appropriately disposed. We saw PPE being worn when staff were treating patients and during cleaning or decontamination of equipment or areas. All areas had stocks of hand gel and paper towels.
- We saw, and patients reported, that staff washed their hands regularly before attending to each patient.
- Patient waiting areas, including toilets and were clean and tidy.
- The outpatient department was part of the hospital wide infection control audits and spot checks which monitored compliance with key hospital policies such as hand hygiene. Outpatients demonstrated above 90% compliance with infection control procedures during January and December 2015.
- The services were included in the Patient-led assessment of the care environment (PLACE) audit in June 2015. Overall, the hospital scored the same or better than the England average for cleanliness (98%). At the time of our inspection, infection prevention and control mandatory theory and practical training compliance was at 100% in outpatients.

## Environment and equipment

### Cleanliness, infection control and hygiene

- Between the reporting period of January 2015 and December 2015 there were no incidences of Clostridium Difficile (C.Diff), no incidence of Methicillin-resistant Staphylococcus Aureus (MRSA) or Methicillin-sensitive Staphylococcus Aureus (MSSA).
- The outpatients department consisted of 5 bays and a nursing work area. These areas were visibly clean and clutter-free. There were cleaning schedules and cleaning rotas on display in all areas. All the equipment we looked at was clean.
- The environment in outpatient areas appeared uncluttered, and well maintained.
- Appropriate containers for disposal of clinical waste and sharps were available and in use across all departments.
- We looked at equipment and refrigeration and found these were appropriately checked, cleaned and maintained.
- We found that electrical safety checks and calibration stickers were in place on fridges, blood pressure machines and scales.
- Resuscitation equipment including defibrillator, oxygen and suction was readily accessible and available in outpatients. Staff checked and cleaned them daily and checklists were signed and found to be up to date.
- Reception areas were open plan and spacious. There was enough seating in the clinical areas and chairs were in good condition.



# Outpatients and diagnostic imaging

- We saw, and staff confirmed that, there was enough equipment to meet the needs of patients within the outpatients departments. Staff told us they were encouraged by their line manager to raise any immediate concerns to ensure they were rectified quickly or escalated.
- Staff completed informal daily checks and regular audits to ensure the environment was safe for patients.
- Results from PLACE audit in June 2015 and local environmental audits were good. In the PLACE audit the condition appearance and maintenance scored 98% against the England average of 92%.

## Medicines

- All medicines were supplied, stored, prescribed, administered and disposed of in line with Ramsay Health Care UK and Cobalt hospital policy and procedures. Pharmacy services were outsourced to local provider, and a designated member of staff had responsibility for liaison and management of stored medicines, audit and staff training. There was a service level agreement in place regarding pharmacy services with appropriate quality monitoring.
- Medicines in the departments were stored and monitored appropriately. Medicines were kept in locked cabinets and we saw evidence that daily temperature checks of medication fridges and the ambient room temperature were recorded. These were all in appropriate temperature ranges.
- Staff ensured medicines that required refrigeration were stored within safe temperature ranges. Fridge temperature checks were completed on a daily basis.
- No controlled drugs were stored on the departments.
- Medicines management was audited by the pharmacy service through monthly audit, safety and secure storage checks. The pharmacists reported 100% compliance against all medicines audit in October 2015.

## Records

- At the time of inspection we saw patient personal information and medical records were managed safely and securely. We reviewed 6 sets of medical records across the outpatient department. They contained sufficient up to date information about patients including referral letters, medical and nursing notes including patient care pathways, operation and anaesthetic records and discharge documentation.

- Cobalt staff performed bimonthly medical records audit against professional standards and Ramsay Health Care UK policy. Most areas achieved 100% compliance against criteria.
- Whilst the clinic was running, patients' notes were stored in lockable cabinets. At all other times, patients' records were stored in lockable storage rooms.
- For outpatient's clinics, consultants attended the office to collect records for their clinic and returned them when clinic was completed.
- Staff told us all patients attending an outpatient appointment would have available either an accompanying GP referral letter, or their current records from a previous appointment or admission to the hospital.
- Staff told us that if patient information or paperwork were missing, then depending on the nature of the missing details, this would be obtained from either the patient or consultant in advance of an appointment.
- The hospital had a policy in place that consultants were prohibited from taking patient medical records out of the hospital, with the exception of private patients where they are permitted to take a copy of the consultation and operation record for their private practice administration. If a consultant took patient identifiable data out of the hospital, the consultant must take adequate steps to protect the information and be registered with the Information Commissioner's Office (ICO). All consultants are requested to register with ICO when they apply for practising privileges, if appropriate. Review of practising privilege agreements confirmed this.

## Safeguarding

- There were no safeguarding concerns reported from January 2015 to the time of our inspection.
- Policies and procedures were available on the intranet and staff were able to demonstrate how to access them. Staff were aware of their roles and responsibilities in relation to safeguarding and could describe what types of concerns they would report and how they would raise matters of concern appropriately.
- Staff said that they would feel comfortable in raising issues under the policy.
- The hospital matron was the designated lead for safeguarding and had completed level three safeguard training.

# Outpatients and diagnostic imaging

- Safeguarding training was mandatory for all staff. The training rate was 100% for level 1 vulnerable adults training and 100% for level 1 safeguarding children.

## Mandatory training

- Mandatory training was available via on-line courses as well as face-to-face training.
- The management office and staff notice board had notices displayed for staff about training.
- At the time of our inspection 100% of staff had completed all the required mandatory training. This included Health and Safety, Infection Control, Manual Handling, Prevent and Equality and Diversity.
- Medical staff completed mandatory training at their employing NHS trust. There were assurance systems in place to ensure compliance. Managers advised that any failure to meet mandatory training requirements would potentially lead to a suspension in practising privileges.

## Assessing and responding to patient risk

- There was a process in place for managing patients whose condition may deteriorate. This included firstly contacting the employed doctor available on that day, involving the patient's consultant and transferring the patient to the Accident and Emergency department of the local NHS hospital. Staff were aware of their roles and responsibilities when patients deteriorated, Staff we spoke with stated they felt empowered to contact consultants directly if a patient was deteriorating.
- There were emergency assistance call bells in all patient areas, including consultation rooms and treatment rooms.
- The Endoscopy unit had undergone the Joint Advisory Group (JAG) accreditation process and was awarded accreditation.

## Nursing and care assistant staffing

- Staffing within the outpatients department was planned based on local knowledge of the types of clinics taking place.
- The outpatient department had a team of registered nurses, healthcare assistants, receptionists and administration staff who provided clinic cover 5 days a week, generally between 9am to 6pm. This varied to accommodate specific patient requests and consultant working arrangements.

- A full-time nurse managed general outpatients and three health care assistants supported staff in the main outpatient department. The service used no agency nurses and had bank staff to cover specialist clinics if required.
- There were no vacancies within the nursing and health care assistant staff in the outpatient department at the time of inspection.
- Sickness rates were less than 10% between January and December 2015.
- Staff informed us if they had concerns about staffing, this would be raised to the matron or the duty manager.
- Staff in the outpatients department confirmed workload to be variable depending upon the number of clinics and the number of patients attending.

## Medical staffing

- Consultants were employed under the Ramsay Health Care UK practising Privileges policy. All consultant staff provided the organisation with standard information showing that they fulfilled the criteria for employment. There was 15 consultant staff with practising privileges. The senior manager held information for every consultant.
- Three medical staff were also solely employed by Cobalt Hospital and covered the outpatient service from Monday to Thursday 08.30am to 08.00pm with Friday and Saturday 08.30am to 05.30pm. They also covered any on call enquiries from patients if required.

## Major incident awareness and training

- The hospital had an overarching business continuity policy put in place by the wider Ramsay group.
- Staff we spoke with were aware of the major incident policy and could describe how they would access this in an emergency.

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

Services provided by the outpatient department were effective because:

- We saw a range of evidence based policies and standard operating procedures in outpatients. Patients were

# Outpatients and diagnostic imaging

treated based on national guidance, standards and best practice and have good outcomes because they are receiving effective care and treatment that meets their needs.

- Systems were in place to ensure that medical staff had competencies regularly assessed once being granted practising privileges.
- All staff received annual appraisal and demonstrated competence to perform their roles. Staff were qualified and skilled.
- There was evidence of multidisciplinary working.
- Staff considered the holistic wellbeing of patients, which included an assessment of pain and consideration of nutritional status.

## Evidence-based care and treatment

- Care and treatment within the outpatient department was delivered in line with evidence-based practice. Policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as from National Institute for Health and Care Excellence (NICE).
- We saw examples of policies referring to professional guidance. For example, the chaperone policy referred to professional guidance from the Royal College of Nursing (Chaperoning: The role of the nurse and the rights of patients, 2002) and the safeguarding policy referred to national guidance (Safeguarding Adults: The role of Health Services, Department of Health, 2011).
- Staff confirmed care was provided solely according to patient need, in best interests and with their informed consent. Discrimination on grounds of age, disability, gender, gender reassignment, race, religion or belief and sexual orientation was not a factor when considering care and treatment decisions.
- Cobalt hospital contributed to the private healthcare information network (PHIN) as part of benchmarking its practice.

## Pain relief

- There was a process in place to enable patients attending the outpatient department to access medication for pain relief.
- Outpatient department nursing staff could administer pain relief medication such as paracetamol and they kept records to show medication given to each patient.
- Patients we spoke with had not needed pain relief during their attendance at the outpatient department.

- Staff described how they offered support to patients who reported being in pain by way of an assessment of cause, a review of self-treatments tried and a discussion with the doctor to address within the consultation.

## Nutrition and hydration

- The hospital provided hot and cold drinks to patients attending out-patients.

## Patient outcomes

- Between January 2015 to December 2015 the hospital outpatient department saw 8,182 patients. Of these, 3,262 were new appointments and 4,920 were follow-up appointments. The hospital saw 7,176 NHS appointments and 1,006 private patient appointments.
- The hospital compared survey results and activity with other locations within the region and other regions across locations in the Ramsay group. Cobalt hospital compared positively to other locations within the group.
- Cobalt reported comprehensive participation in GP audit, positive patient feedback and monitoring of variances in care pathways as part of overall monitoring of patient outcomes.

## Competent staff

- Managers told us and we observed formal arrangements were in place for induction of new staff including bank staff. Additionally staff completed a full local induction and training before commencing their role.
- Staff told us they were encouraged to undertake continuous professional development and were given opportunities to develop their clinical skills and knowledge through training relevant to their role. We observed evidence of this during our inspection visit.
- Staff received a formal annual appraisal and mid-term appraisal every six months. We reviewed an appraisal compliance audit that confirmed 100% of staff had undergone an annual appraisal in this service.
- Appraisals were linked to the hospital vision and values and the Ramsay strategy. Staff told us their objectives were set at appraisal and learning needs and further training was discussed and planned.
- Medical appraisal was carried out at the main employing NHS trust for consultants with practicing

# Outpatients and diagnostic imaging

privileges 100% of these were up to date. There was a process in place to ensure all consultants were up to date with the revalidation and practising privileges processes.

- A structured competency training pack was available to nursing staff. Healthcare assistants were working towards extending their role and competence.
- There was a 100% validation of professional registration for nurses working in the department.
- Staff had a six week supernumerary and support period on commencing with the hospital as a registered nurse.

## Multidisciplinary working (related to this core service)

- A range of clinical and non-clinical staff worked within the outpatients department and told us they all worked well together as a team.
- Staff at Cobalt Hospital regularly worked across Outpatients and Surgery. Staff were seen to be working towards common goals, asked questions and supported each other to provide the best care and experience for the patient.
- The teams had strong working relationships with professional referrers and NHS colleagues, which supported efficient team working cross-organisations to improve timely on-going care for patients.
- There were good relationships with local trusts and service level agreements to support any referral of patients between the hospitals.
- Cobalt hospital had a service level agreement (SLA) with a local provider to deliver physiotherapy care and treatment to patients when required.

## Seven-day services

- Cobalt hospital was a day care facility and did not provide seven day services to patients.
- The outpatient department was open between 08:00 and 19:00, Monday to Friday.
- The medical staff were available to contact out of hours and consultants were clear about their availability.

## Access to information

- All staff had access to the Ramsay group intranet to gain information relating to policies, procedures, NICE guidance and e-learning.

- Patient paper records that contained important clinical information about patients were available for clinics. However, staff followed procedures if patient records were not available at the time of appointment. Staff had access to previous clinic letters electronically.
- The hospital shared relevant information with the patients GP.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

- Staff we spoke with had a broad understanding of issues in relation to capacity and the impact on patient consent. Staff explained that if they had any concerns about a patient's capacity then they would raise these with consultant staff or the safeguarding lead for advice.
- Senior staff in the department demonstrated understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards.
- Ramsay Health Care UK had corporate policies to guide practice in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). There was a hospital designated lead for MCA and DoLS.
- All staff had received training on MCA and DoLS as part of online safeguarding mandatory training.

## Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as good because:

- All patients and relatives commented positively about the care provided from all of the outpatient staff.
- People were treated courteously and respectfully and their privacy was maintained.
- Services were in place to emotionally support patients. For example, cosmetic surgery patients were offered counselling support services.
- Patients were kept up to date with and involved in discussing and planning their treatment.
- Patients were able to make informed decisions about the treatment they received.
- Staff listened and responded to patients' questions positively and provided them with supporting information to assist their understanding of their medical conditions or treatment.

# Outpatients and diagnostic imaging

## Compassionate care

- All six patients we spoke with told us staff had treated them well. They told us that staff had respected their privacy and dignity when delivering care.
- The hospital supported the 6Cs initiative. The 6Cs is a national initiative to promote care, compassion, competence, communication, courage and commitment.
- We observed staff interacting with patients in a professional and compassionate manner in clinic and in the waiting areas.
- The hospital recorded family and friends test scores. In April 2016, 100% of patients attending outpatients would be extremely likely to recommend the service to friends and family (30% response rate).
- Ramsay Health Care UK reported patient experience in monthly reports. In May 2016 results were very good, with scores of above 95%. The comments complimented all levels of staff as individuals and where improvements could be made apologies were made to patients and actions were documented.
- The hospital had a policy in place concerning the use of chaperones. This provided guidance on chaperones, their availability to patients, and that the patient would have the option to reschedule an appointment if a chaperone was not available. We saw chaperones were available in the departments we visited.
- Consulting rooms displayed 'free/engaged' signs on the door. We saw that staff used these to show when rooms were engaged to protect patient privacy and dignity.
- Staff told us that they would be confident in raising any issues about disrespectful or discriminatory behaviour towards patients or visitors. Staff we spoke with could not recall an occasion when this had been necessary.
- We saw patients and staff had a good rapport with staff putting patients at ease. Some patients were regular attenders and knew the staff well. New patients also confirmed they were put at ease and felt staff were caring towards them.
- We observed doctors coming out to meet their next patient due into their clinics and introducing themselves to them before helping them to the consultation room.

## Understanding and involvement of patients and those close to them

- We observed staff spending time to explain procedures to patients before gaining written consent.
- Staff listened and responded to patients' questions positively and provided them with supporting literature to assist their understanding of their treatment.
- All of the patients we spoke with told us they fully understood why they were attending the hospital and had been involved in discussions about the care and treatment they could have. They all confirmed they were given time to make decisions and staff had made sure they understood the treatment options available to them.

## Emotional support

- We saw staff spend time talking to patients and showing empathy and encouragement to complete aspects of therapy.
- Cobalt hospital had established a service level agreement with a psychologist to which consultants can refer.
- There was access to a counselling service.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as good because:

- Patients were seen quickly for appointments, and clinics were only rarely cancelled at short notice. Most patients could be seen within one week of making an appointment.
- Patients raised no concerns about timely access to services being available.
- Service planning was solely aimed to meet patient need, with specialist practitioners available at times to meet individual requests.
- The hospital had very good referral to treatment times for 18 week indicators ensuring patients received access to treatment in a timely way.
- Reasonable adjustments were made to accommodate vulnerable patient groups to improve their flow through the care pathway minimising anxiety and distress.



# Outpatients and diagnostic imaging

- The hospital process for handling, investigating and responding to patient concerns and complaints was robust and organised to resolve matters promptly to the satisfaction of all parties. There was learning from complaints.

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

- The service provided 96% of surgical treatment to NHS patients and 4% to privately funded patients. The hospital engaged with the local Clinical Commissioning Group to plan and deliver contracted services based on local commissioning requirements
- There was a range of outpatient clinics offered including services such as a variety of surgical specialties, endoscopy, dermatology, and plastic surgery.
- The hospital provided independent healthcare for self-funded and NHS referred patients. All patients, from whatever referral source, were offered a choice of preferred consultant, an appointment time to suit and for self-funding patients, options on payments methods.
- Clinics tended to run in a predictable pattern and the busier time periods were staffed accordingly.

## Access and flow

- The referral to treat time (RTT) waiting times for outpatients was 100% for non- admitted pathways between January 2015 to December 2015. This meant that all patients were seen within 18 week of referral.
- Staff in outpatient clinics told us that there was sufficient clinic capacity within the department and no minimum number of patients required for a clinic to run. This did allow patients to access clinic in a timely manner and avoided cancellations.
- The hospital built appointment times around patient need such as the nature of the referral, request for a particular consultant, urgency of request and preferred time slot.
- The hospital did not monitor waiting times for patients once they have arrived in the department, or cancellation rates of clinics. We discussed this with the hospital manager who told us the number of occasions clinics were cancelled were very small and were not considered an issue. A policy was in place whereby consultants gave six-week' notice if a clinic needed to be cancelled. Where clinics were to be cancelled the

consultant would clinically review all of their follow up patients in that clinic to ensure the delay in their appointment would not compromise their care and pathway.

- Patients were provided with full information regarding their appointment at the time of the initial telephone enquiry and the same was followed up an appointment letter detailing location, directions, consultant information, specific requirements for the appointment and providing contact details.
- The hospital did not formally advertise waiting times in waiting areas however; reception and nursing staff monitored these remotely. Staff confirmed if patients waited beyond their designated appointment slot, staff would apologise for any delay, explain the reasons for the same and provide a more accurate timing. This was observed and confirmed during our inspection visit.

## Meeting people's individual needs

- Staff told us they were able to access interpreting and translation services if they needed to. However, staff we spoke with identified this was rarely required.
- A range of information leaflets were available, which provided patients with details about their clinical condition and treatment or surgical intervention. We saw staff used these leaflets as supportive literature to reinforce their physiotherapy treatment and exercise regimes.
- Staff told us when patients with learning disabilities or dementia attended the departments; they allowed carers to remain with the patient if this was what the patient wanted. They also ensured that patients were seen quickly to minimise the possibility of distress to them.
- The patient waiting area was tidy with sufficient comfortable seating for patients visiting the department. There was access to drinks and books and magazines for patients who were waiting.
- There were toilet facilities available for patients including toilets with disabled access within the hospital.
- The hospital dementia rating in the PLACE audit (June 2015) was better than England average (89% compared to the national average 81%).
- There was no on-site facility to engage in religious activity.
- The hospital provided free parking on-site including disabled parking spaces.

# Outpatients and diagnostic imaging

## Learning from complaints and concerns

- The hospital had a complaint policy in place.
- The hospital received two complaints in 2015 and three in 2014. One of which related to consent and the other was around communication. Lessons were learnt and changes in practices occurred as a result of complaints.
- We reviewed a complaint, relating to outpatients, from the last year preceding our inspection. We saw the complaint was handled effectively and confidentially. The complainant had been updated and the service demonstrated where changes to practice had occurred as a result of the complaint.
- Staff described how they would resolve patients' concerns informally in the first instance, but would escalate to senior staff if necessary.
- Staff were aware of the formal complaints process and policy as well as the mechanisms for the reporting, investigation and feedback to departments.
- Complaints and comments were reviewed and discussed by teams at monthly staff meetings.
- Leaflets were available for patients in the waiting area, which provided details of how to make a complaint.

## Are outpatients and diagnostic imaging services well-led?

Good 

We rated well led as good because:

- The leadership of the service was good. The leadership, governance and culture promoted the delivery of high quality person-centred care.
- There was an integrated governance framework with evidence of risk, quality and performance discussed at senior levels within the service.
- Staff were involved in influencing and creating policies
- We observed a team that worked very well together and respected one another across all disciplines during the inspection. Focus groups with staff we attended were very positive about the working relationships and support from all grades of management and this was confirmed in our observations of smaller teams working together cohesively and effectively to meet the needs of patients.

- Staff in the departments felt empowered to express their opinions and felt these were listened to by management.

## Vision and strategy for this core service

- The Ramsay Health Care UK corporate vision and strategy values in 2016/17 was focussed on patient focused care, cost effectiveness, engagement with stakeholders, valuing staff, delivering quality care and multidisciplinary working.
- The 'Ramsay Way' vision was displayed in the outpatient area as well as objectives for the outpatient department. The objectives for the department were aligned to hospitals values, including for example aiming to provide compassionate care to patients.
- Ramsay's values were reflected in the conversations we had with staff and we observed the values being displayed in the interactions staff had with patients, relatives and each other.
- We saw that the values were embedded into the appraisal process for staff and staff displayed the behaviours expected of them. All staff we spoke with emphasised the wish to provide good care and experience for every patient.

## Governance, risk management and quality measurement for this core service

- The governance structures in place were clear and effective. The general manager had oversight of a clear committee structure than met monthly or bimonthly. This included the senior management team (SMT) and heads of department (HOD) committee, the MAC, chaired by a consultant surgeon, a health and safety committee and subsequent department meetings which met monthly and information was shared in a 'board to ward' approach.
- Clinical governance meetings were held monthly and were attended by the heads of department. These meetings fed into the medical advisory committee (MAC) and hospital management team. We saw evidence of incidents, complaints and patient feedback, for example, being discussed at these meetings.
- We reviewed the hospital risk register and there 17 identified risks, two of these were patient safety and clinical care. These were effective infection prevention and control processes including decontamination of medical devices, Failure of clinical systems and processes leading to patient harm and Inadequate

# Outpatients and diagnostic imaging

screening and monitoring of clinicians' competencies and qualifications compromises patient care. Clinical risks were discussed in the governance meetings and documented in the clinical governance reports.

- Staff told us that minutes were circulated as a mechanism to share learning amongst all staff including consultants. Shared learning and impact on performance was not clear in the minutes.
- We noted a structured audit calendar for planned audits. There was a good approach to monitoring and measuring quality and safety in outpatients. We noted that the managers carried out regular audits, most results were positive with no major issues highlighted.

## Leadership of the service

- There was strong leadership of the service and managers worked clinically with staff on a daily basis.
- There were clear lines of management responsibility and accountability throughout the two departments.
- Staff said managers were available, visible within the departments and approachable.
- Staff felt that managers communicated well with them and kept them informed about the running of the department and relevant service or department changes.

## Culture within the service

- Staff were proud to work at Cobalt. They were passionate about their patients and felt they did a good job. They were encouraged to report incidents and complaints and felt their managers would look into these consistently and fairly.
- Staff told us there was an open and transparent culture in the hospital and patients were put first.
- Staff told us they felt there was a culture of staff development and support for each other. Staff were open to ideas, willing to change and could question practice within their teams and suggest changes.
- Outpatient's staff told us there was a good working relationship between all levels of staff. We saw there was a positive, friendly, but professional working relationship between consultants, nurses, allied health professionals, and support staff.

- Vacancy rates were extremely low. Retention of staff was also good.

## Public and staff engagement

- Patients were encouraged to complete a patient satisfaction survey during or after their outpatient, physiotherapy or diagnostic imaging visits. Results of these surveys were generally positive.
- Posters were displayed on walls asking patients to complete 'how are we doing' cards. Completed cards were analysed and results used to improve patient experience. Overall, results were positive.
- There were collection boxes for patient satisfaction surveys throughout the hospital or they could be returned by post. The results from surveys were analysed by an independent third party and communicated back to the hospital on a monthly basis for learning and action.
- The hospital had a monthly VIP recognition awards system. Staff nominated each other in recognition of going above and beyond in their day to day work. Winners were selected by the hospital management team and received a prize.
- GPs were sent regular newsletters and updates, and information packs containing details about the hospital and how to refer patients to the hospital.
- A patient engagement group had recently been developed to ensure inclusion and involvement of patients and to facilitate feedback from patients about the service they had experienced.

## Innovation, improvement and sustainability

- Staff in outpatients had developed their own patient satisfaction surveys to get a greater understanding of feedback specific to their clinical areas.
- The care certificate had been introduced for all health care assistants and two staff were progressing to advancing their practice as part of a national course provided by Ramsay Health Care UK.



# Outstanding practice and areas for improvement

## Outstanding practice

- An aesthetic day surgery study and audit and been performed and presented to the British Association of Aesthetic Plastic Surgeons (BAAPS) capturing practice and patient outcomes from 2010 to 2014. There were 455 procedures included in analysis; overall results were very positive with low complication rates and positive patient satisfaction.
- Patients undergoing endoscopy procedures were offered a deep sedation service, which was a dedicated list with an anaesthetist for those patients who were not able to tolerate lighter sedation methods.
- A nurse led out of hours on call service for patients to contact the team after discharge if they needed advice or support.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Ensure that the policy for the use of preferred agency providers to cover nurse staffing is followed at all times.