BMI The Sloane Hospital

Quality Report

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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	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI The Sloane Hospital is operated by BMI Healthcare. The hospital has 32 beds spread over two wards. Facilities include two operating theatres and 12 consultant rooms in outpatients. There is a separate physiotherapy department consisting of a gym, studio and five consulting rooms. The hospital provides surgery, medical care (endoscopy), services for children and young people (from the age of three) and outpatients.

We inspected the hospital using our comprehensive inspection methodology. We carried out an unannounced inspection between 2 - 3 &16 July 2019. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was surgery. Where our findings on surgery, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the surgery report. We did not rate medicine as endoscopy was the only service provided in medicine and it was managed within the hospital's surgical service, therefore the ratings have been integrated with the surgery ratings.

Following the inspection the hospital confirmed they had stopped providing services for children and young people.

Services we rate

Our rating of this hospital went down. We rated it as **requires improvement** overall because:

- Staff had not received training on how to care for children and young people.
- The oversight and leadership of the service for children and young people was not sufficient or effective.
- Children and young people were not always cared for in environments that were child friendly, risk assessed and met their needs.
- Managers did not monitor the effectiveness and performance of the endoscopy service.
- Theatres did not have secure access to protect it from unauthorised access.

However:

- The hospital had made improvements since the last inspection in 2016. These included the installation of hand hygiene sinks in patients' rooms and replacing carpets with wooden flooring that reduced the risk of infection.
- The hospital had systems for reporting, investigating and learning from incidents that occurred in the hospital and other BMI hospitals.
- The hospital provided mandatory training in key skills to all staff and made sure everyone completed it.
- The hospital had effective systems to control the risk of infection and minimise the risk of harm to patients.
- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The hospital used current evidence-based guidance and quality standards to plan the delivery of care and treatment for patients. There were effective processes and systems in place to ensure guidelines and policies were updated and reflected best practice.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- In all services people could access the service when they needed it and did not have to wait too long for treatment.
- The hospital had improved engagement with patients and the community to plan and manage services.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Summary of findings

Nigel Acheson
Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (including older people's care)	Good 	Medical services were a small proportion of the hospital activity. The main activity of the hospital was surgery. The endoscopy service was the main medical service and was integrated into operating theatres which is included in the surgery core service report. Where arrangements were the same we have reported findings in the surgery report. We rated this service as good overall because it was safe, caring, responsive and well-led. We do not rate effective in endoscopy services.
Surgery	Good 	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services we do not repeat the information but cross refer to the surgery report. We rated this service as good overall because it was safe, effective, caring, responsive and well-led.
Services for children & young people	Requires improvement 	Services for children and young people were a smaller proportion of hospital activity. The main service provided for children and young people was outpatient consultations and physiotherapy. Surgery was only performed on 16 and 17 year olds who met the criteria to follow the adult pathway. We rated this service as requires improvement overall because safe and effective were rated good, responsive was rated requires improvement and well-led inadequate. We did not rate caring as there were no children or young people being treated on the days of the visit.
Outpatients	Good 	We rated this service as good overall because it was safe, caring, responsive and well-led. We do not rate effective in outpatients.

Summary of findings

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Requires improvement

BMI The Sloane Hospital

Services we looked at
Medical care, surgery, services for children and young people and outpatients.

Summary of this inspection

Background to BMI The Sloane Hospital

BMI The Sloane Hospital is operated by BMI Healthcare. The hospital has been serving the local community since 1981 when it was a nursing home and it became an acute hospital in 1982.

At the time of the inspection, a new executive director had recently been appointed and was going through the process to become the registered manager.

Our inspection team

The team that inspected the hospital comprised a CQC inspection manager, three CQC inspectors, an assistant inspector, four specialist advisors with expertise in surgery, outpatients and children and young people. The inspection team were overseen by Amanda Williams, Head of Hospital Inspection.

Why we carried out this inspection

We carried out this inspection as part of our independent hospital inspection programme. We followed up findings from our 2016 inspection.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

During the inspection, we visited all wards and clinical areas. We spoke with 31 staff including consultants and doctors, managers, registered nurses, physiotherapists, pharmacists, hospital engineer, health care assistants, phlebotomy and administrative staff.

We also spoke with 12 patients and one relative. In addition, we observed three meetings; reviewed policy and procedure documents and 16 sets of patient records.

The hospital has been inspected once before in August 2016 and was rated good.

Information about BMI The Sloane Hospital

The hospital has two wards and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder and injury
- Family planning services

Activity:

- In the reporting period, there were 662 inpatient and 3,384 day-case episodes of care recorded at the hospital; of these 71% were privately funded and

Summary of this inspection

29% were NHS funded. Sixteen of the day cases were young people aged 16-17. Only young people aged 16-17 who meet the criteria to follow the adult pathway are admitted for invasive procedures.

- There were 32,000 outpatient total attendances in the reporting period of which 84% were privately funded and 16% NHS-funded. The children and young people service was a small proportion of the hospital's activity. It accounted for 553 of 32,000 attendances in the last year (March 2018 to February 2019). Of these, 360 were aged between aged 3-15 years and 193 were aged 16-17.
- There were 218 doctors who worked at the hospital under practising privileges including surgeons, anaesthetists and physicians. In addition, there were three regular resident medical officers (RMOs) who worked on a weekly rota. The hospital employed over 70 other staff, including 26 registered nurses and six care assistants and operating department practitioners (ODPs) as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the executive director.

Track record on safety:

- No Never Events
- One serious incident
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C. diff)
- No incidences of hospital acquired Escherichia coli (E. coli)

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- Residential medical officer (RMO) provision
- GP service
- Diagnostic imaging
- Catering Services
- Nurse Agency Provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our rating of safe remained the same. We rated safe as **good** because:

- Outpatients and surgery had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff understood how to protect patients from abuse, and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew the staff to contact for support.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The hospital managed most patient safety incidents well. Staff recognised some incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However, we also found:

- In services for children and young people some risks in outpatients had not been recognised and action taken to minimise them.
- The hospital did not have a service level agreement (SLA) with the local NHS trust for transfers out in an emergency or if a patient's condition deteriorated.
- The entrance to theatres was not secure to prevent unauthorised access.

Are services effective?

Good

Our rating of effective remained the same. We rated effective as **good** because:

Summary of this inspection

- The majority of services provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- In surgery, staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Services had been adapted to meet the needs of patients and were open in the evenings and weekend.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However, we also found:

- Staff had not received any additional training to care for children and young people.
- There were no leaflets available aimed at children or young people to promote healthy lifestyles.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Requires improvement

Our rating of responsive went down. We rated responsive as **requires improvement** because:

- The environment had not been adapted to meet the needs of children and young people. In the outpatient clinic area there were no toys.
- The hospital's complaints information had not been adjusted to meet the needs of children and young people.

However:

Summary of this inspection

- The hospital planned and provided care in a way that met the needs of many of the local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for adults to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Are services well-led?

Requires improvement

Our rating of well-led went down. We rated well-led as **requires improvement** because:

- The day to day oversight and leadership of the service for children and young people was insufficient and ineffective.
- Information about the performance and quality and safety of the service for children and young people was not routinely collected and discussed.
- The hospital did not have vision or strategy for the service for children and young people.
- The service for children and young were not a separate agenda item at key quality and safety meetings.
- The issues we found in the service for children and young people were not recorded on the risk register.

However:

- In surgery and outpatients, leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The hospital had a vision for what it wanted to achieve for most services and was developing its strategy to turn it into action and involving all relevant stakeholders.

Summary of this inspection

- In surgery and outpatients leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- In endoscopy, effective governance processes were being developed and implemented.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good	N/A	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Not rated	Requires improvement	Inadequate	Requires improvement
Outpatients	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

Good

Medical care (including older people's care)

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

Endoscopy was the only medical service provided by the hospital. It was provided in theatres and integrated into the theatre operating schedules. The main service provided by this hospital was surgery. Where our findings on surgery– for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the surgery section.

The endoscopy unit is opened five days a week. Procedures undertaken in the unit include gastroscopy, colonoscopy, oesophageal dilatation, prostatic biopsy and flexible cystoscopy and bronchoscopy and video capsule. During the inspection, we saw that majority of patients seen in endoscopy came for diagnostic colonoscopy or flexible sigmoidoscopy. For the period Mach 2018 - February 2019 1,069 procedures were carried out at the hospital.

We rated this service as good overall because it was safe, caring, responsive and well-led. We do not rate effective in endoscopy services.

Are medical care (including older people's care) safe?

Good

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

Mandatory training

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

- As of July 2019, compliance with mandatory training for theatre clinical staff was 92.2% and for ward nursing staff was 94.8%. This was above the corporate mandatory training target of 90% compliance for this training.
- Consultants and clinicians with practising privileges were not required to complete training using the hospital system but, assurance of mandatory training was checked by the medical advisory committee.

For more information please see the surgery core service report.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Information provided by the hospital showed that 94.7%% of theatre staff had completed safeguarding adults level one, 68.4% had completed level two and 100% of staff had completed level 3. In theatres 100% of staff had completed safeguarding children level one, 78.9% had completed level two and 100% of staff had completed level three.
- On the ward 100% of nursing staff on the wards had completed safeguarding adults level one, 95.6% had completed level two and 100% of staff had completed level three. One hundred per cent of ward staff had also completed safeguarding children level one, 95.6% had completed level two and 100% of staff had completed level three.

For more information please see the surgery core service report.

Cleanliness, infection control and hygiene

Good

Medical care (including older people's care)

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. They kept equipment and the premises visibly clean.

- Decontamination of endoscopy instruments took place off site by a fully accredited facility; accredited to ISO 9001:2008, ISO 13485:2012, and compliant with MDD93/42 EEC through a bespoke Quality Management System.
- All instruments were packed in sealed cases following use and sent for decontamination off site. They were 'tracked and traced' daily through a register of instruments. On receipt of clean scopes the serial number for each scope was logged and then allocated to a patient. This was noted and recorded on the team brief. Staff followed the pathway for the management of endoscopes.
- The theatres and patient rooms we visited were visibly clean. Daily cleaning schedules in the theatres and wards were in place. We saw the daily cleaning schedules were generally up to date and signed.

For more information please see the surgery core service report.

Environment and equipment

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

- The theatre department consisted of two main theatres, one of which had laminar flow, an anaesthetic room and a three bedded recovery bay. Endoscopy was carried out in one of the main theatres.
- Resuscitation trolleys were located on the wards and in the theatre. On the wards we saw there were some gaps in the daily checks and trolleys were within easy access for staff. The stock was checked, and all items were in date. In theatres the resuscitation trolley was complete with daily checks and all drugs in date. There was a defibrillator, suction and oxygen all available and working.

For more information please see the surgery core service report.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- In line with theatres, endoscopy staff used the World Health Organisation (WHO) 5 steps to safer surgery, surgical checklist, which was designed to prevent avoidable mistakes. This included checks such as patient identify, allergies and ensuring the consent form had been signed. The 5 steps to safer surgery checklist was audited monthly, including endoscopy, and we reviewed the audits for December 2018, January and February 2019 and saw that they were 100% compliant.
- It was hospital policy that consultants were required to be available to attend emergencies within 30 minutes.
- The theatre department had an out of hours on call team which included an anaesthetist who was available to deal with emergency surgery.
- The hospital had a procedure and equipment for managing a suspected gastrointestinal bleed and staff were aware of it.
- All endoscopy patients were triaged using a pre-admission medical screening tool. It covered key safety areas such as venous thromboembolism (VTE), pressure areas, nutrition, pain were completed using national risk assessment tools.
- The hospital did not have a service level agreement to transfer acutely unwell patients to a local NHS trust. However, there was a standard operating procedure (SOP) for critically ill transfer; If a patient needed to be transferred urgently staff were to call 999 for an ambulance.

For more information please see the surgery core service report.

Nurse staffing

The service was in the process of recruiting nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The hospital had experienced difficulties recruiting staff for theatres, including endoscopy, and at time of the inspection a dedicated health care support worker and a bank nurse were covering endoscopy.

For more information please see the surgery core service report.

Medical staffing

Good

Medical care (including older people's care)

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- We saw a list of consultants who carried out endoscopy procedures and the hospital had a lead consultant for the service.
- The RMO provided a 24-hour 7 day a week service on a three-week rotational basis. All RMOs were selected specifically to enable them to manage a varied patient caseload and requirements. The RMOs were provided under contract with an external agency that provided training and support.

For more information please see the surgery core service report.

Records

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

- Records we reviewed were complete and up to date, they were a mix of paper and electronic. They include the pre-assessment formed part of the patient record.
- All records were stored securely, and computers were locked when not in use.

For more information please see the surgery core service report.

Medicines

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

- We saw that all medicines in the theatre department were stored securely in locked trolleys, cupboards and fridges with stock medications stored in locked cupboards in the key code locked clinical room.

For more information please see the surgery core service report.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

- Between February 2018 and end of March 2019 there were 12 incidents related to endoscopy. There were no serious incidents or Never Events. The majority of the incidents were related to communication and we could see action had been taken in response to them.
- We saw learning from incidents was shared at the daily comm cell meetings. Information we reviewed showed that learning from never events at other BMI hospitals had been shared with all theatre staff.

Safety Thermometer (or equivalent)

The service used monitoring results to improve safety.

- During the reporting period March 2018 to March 2019 hospital data showed the service was 100% harm free, with no pressure ulcer, no catheter or urinary tract infections or venous thromboembolism episodes and no patient falls.

Are medical care (including older people's care) effective?

We **do not rate** effective in endoscopy services.

The service was developing policies and procedures to ensure care and treatment was based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

- The hospital's draft local endoscopy standard operational procedure (SOP) was informed by a range of national guidance including the joint advisory group (JAG) accreditation standards, the 'British Gastroenterology Society Quality and Safety Standards' and 'HTM01 06: Decontamination of Flexible endoscopes'.
- The endoscopy service did not have JAG accreditation but, was working towards achieving it. The 'JAG readiness site visit report' in January 2019 identified actions that needed to be completed. An action plan had been developed in response to the report and we were provided with an update of the actions. We saw that many of them were in progress with some actions already completed.

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

- Depending on the type of procedure, patients were given written specific instructions for preparation for treatment including diet and fluids. For example patients undergoing colonoscopy were given written instructions about diet restriction and bowel preparation.
- Information about fluids and diet was included in the draft endoscopy standard operating procedure (SOP).

Pain relief

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

- We were told, and it was documented in the hospital's draft local endoscopy operational standard operational procedure that patients were offered a choice of topical anaesthetic (throat spray), analgesia or intravenous sedation/analgesia, where clinically appropriate.
- Outpatients kept a stock of pain-relieving medication, such as paracetamol. Should stronger medication be required, the patient was referred to their own GP or the in-house service. In more urgent cases, the consultant in clinic or RMO could write a prescription is stronger pain relief was required.

Competent staff

The hospital provided evidence that staff working in endoscopy were competent to carry out their role.

- During the inspection the we were told staff had not received any specific training on endoscopy and they 'learnt on the job' However, following the inspection the hospital provided evidence of completed competency forms for staff.
- All consultants working with the hospital had practising privileges which required consultants to have an up to date General Medical Council (GMC) registration, evidence of indemnity insurance and revalidation certificate. These were reviewed and highlighted at Medical Advisory Committee (MAC) meetings.
- Consultants only performed surgical procedures which they undertook in the NHS. As all the consultants held NHS contracts they maintained their skills by working in their trust and had their appraisals completed by their NHS Medical Director.
- The service had a lead consultant who chaired the endoscopy user group. We were provided with a list of consultants and the specific endoscopic procedures they carried out.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.

- We observed good working relationships between doctors and nurses and different staff groups in theatres.

For more information please see the surgery core service.

Seven-day services

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

- Theatres ran from Monday -Saturday 7.30 am - 9.00 pm, with the evening session commencing at 5.30 pm. They occasionally over-ran.
- The resident medical officer was available 24-hours, seven days a week.

For more information please see the surgery core service report.

Health promotion

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

- In pre-assessment patients had access to a variety of leaflets which included smoking cessation, alcohol dependency, and venous thromboembolism (VTE) and a guide to pain control.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

- Consent training was included within the mandatory training and both theatre and ward staff were 100% compliant. The hospital told us that training in the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS) was included in safeguarding vulnerable adults level 2 training.
- We are aware of one incident in endoscopy where a patient had been through pre-assessment but, when they arrived for their procedure it was clear they didn't understand why they were there and did not have

Good

Medical care (including older people's care)

capacity to consent. Staff recognised this and took appropriate action to cancel the procedure and arrange for it to take place in a hospital that could meet their needs.

Are medical care (including older people's care) caring?

Good

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

Compassionate care

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

- Patients' privacy and dignity was maintained during the procedure. Depending on the procedure patients were given either a gown and shorts to wear and did not change out of their clothes until necessary.
- The hospital used the Family and Friends survey but, it was anonymous, and they were unable to extract feedback specific to the endoscopy service.

For more information please see the surgery core service report.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- In theatres all staff were observed to treat patients with dignity and respect. Staff made sure patients were comfortable and had the opportunity to voice any concerns.

For more information please see the surgery core service report.

Understanding and involvement of patients and those close to them

Staff involved patients, and those close to them in decisions about their care and treatment.

- We observed staff give explanations to patient who were waiting for endoscopy procedures.
- Information about fees was available but limited. In the minutes of the March 2019 Medical Advisory Committee there was reference to the costs of procedures being made more transparent to patients who were self-funding.

For more information please see the surgery core service report.

Are medical care (including older people's care) responsive?

Good

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

Service delivery to meet the needs of local people

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

- The service worked with their stakeholders such as their commissioners in the planning and development of the service.
- The endoscopy was integrated into theatres and patients were cared for in the same areas as other patients undergoing surgical procedures.
- All patients' rooms were single en-suite and there were no restricted visiting times for patients and endoscopic lists for male and females were done separately.
- The endoscopy unit did not have Joint Advisory Group on gastrointestinal endoscopy (JAG) accreditation but, was working towards achieving it.

Meeting people's individual needs

The service took account of patients' individual needs and preferences.

- Staff told us they rarely had vulnerable patients using the service. However, staff had received training on how to care for patients living with dementia and it was part of the pre-assessment to carry out dementia assessment on all patients over 65, with or without a diagnosis of dementia.
- The service had separate lists for women and men to ensure their privacy was not compromised.

Good

Medical care (including older people's care)

- The hospital had an open visiting policy, this meant family and friends could provide support and assistance.
- The hospital had a chaperone policy in place and notices encouraging patients to ask for a chaperone were visible on the wards. Chaperone training was available through a BMI e-learning package.

Access and flow

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

- The hospital told us there were no delays in accessing the service for patients who were insured or privately funded. For NHS-funded patients they were meeting the referral to treatment times.
- Between January 2018 – January 2019 eight procedures were cancelled. Five of these were related to medical reasons, two were patient choice and one was due to the patient not receiving the information about their admission date.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- Information was available the BMI leaflet 'How did we do today?' to inform patients, relative and visitors on how they could raise any concerns.
- Between January 2018 - January 2019 there were two complaints about the service. The complaints were about communication and we could see action had been taken in relation to one but action in relation to the second one had not been recorded.

Are medical care (including older people's care) well-led?

Good

Our rating of well-led stayed the same. We rated it as **good.**

Leadership

Clinical leaders in post understood and managed the priorities and issues the service faced.

- The senior management team were supported by five clinical services managers which included theatres and the wards. The theatre manager, who had recently taken up the post and had been with the hospital for less than six months at the time of the inspection, had oversight of the endoscopy service. There was a lead consultant for the service.
- During the inspection we were told the hospital had recently recruited a lead scrub nurse and it was planned that they would take on the day to day management of the service. Following the inspection the hospital confirmed they had a lead endoscopy nurse in post.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

- The hospital is part of BMI Healthcare. The hospital's vision and strategy were driven by BMI Healthcare which was to 'offer the best patient experience and best outcomes in the most cost-effective way from our comprehensive UK network of acute care hospitals".
- The hospital had a five-year vision for 2015 to 2020 which was achieved through their eight strategic objectives and priorities.
- The strategy for the endoscopy service was evolving. The executive director told us that the longer-term plan for the service was to have an independent endoscopy suite situated on the ambulatory care ward. This would enable the service to expand in terms of numbers and free up theatre time for other surgical procedures. The vision was reflected in the notes of the endoscopy user's group minutes June 2019.

Culture

Staff felt respected, supported and valued. The service provided opportunities for development. The service had an open culture.

- All staff we spoke with described the hospital as 'friendly' and like a 'family'.
- The theatre manager and the wards manager worked clinically and were proud of their staff and department.
- Staff told us the executive team were visible and approachable and they felt listened to by the senior team.

Governance

Good

Medical care (including older people's care)

The service governance processes were evolving. Substantive nursing staff were learning about their role and responsibilities.

- The hospital had a clinical governance committee which was responsible for clinical oversight of patient safety issues, incidents, complaints, risk register and audits.
- The endoscopy user group was relatively new, it met quarterly and was still evolving. The purpose of the group was 'To ensure the unit's Endoscopy Service fully complies with BMI `s policies, the British Society of Gastroenterology (BSG) quality and safety standards and other statutory and regulatory requirements; and to provide a coordinated approach to service delivery and service development.' The group fed into the clinical governance committee.
- The lead consultant chaired the meeting and workforce, environment and facilities, and JAG accreditation were discussed.

For more information please see the surgery core service report.

Managing risks, issues and performance

The service used systems to manage performance. They identified and escalated some of the relevant risks and issues and identified actions to reduce their impact.

- The risk register contained one risk related to endoscopy; light bulbs exceeding their hours of safe usage which had been resolved. Some of the potential risks such as not having a dedicated manager and staff not having training were not included on the register.
- The hospital had some mechanisms to monitor performance. However, the June 2019 minutes of the endoscopy user group indicated that consultants were not regularly submitting their data and only one audit had been carried out.
- Incidents and complaints about the service were reviewed at the Medical Advisory Committee (MAC) as part of the governance report. The governance report was a standing agenda items and we could see evidence of reference to endoscopy in the reports.
- Any issues about the service were discussed at the daily 'comms cell' meetings. These meetings were held Monday to Friday and were attended by representatives for each department. The meeting covered a range of subjects including risk review, recent incidents, health and safety update, training compliance review, and any concerns that affected the hospital. This was cascaded to staff, so they gained a wider view of risk, issues and general performance within the hospital.
- The hospital's monthly bulletin included information about changes in legislation, NICE guidance, and Medicines & Healthcare Products Regulatory Agency (MHRA) alerts.

Managing information

The service collected reliable data and analysed it. Data or notifications were submitted to external organisations as required.

- During the inspection we observed staff treated patient identifiable information in line with the General Data Protection Regulations (GDPR).
- Staff had secure access to the hospital's intranet which gave them access to a range of policies, procedures and guidance and their training and personal development records.
- Consultants had access to a BMI 'Consultant App' which gave them remote login to clinics and theatre lists on a smartphone. The app enabled consultants to access clinic and operating theatre data. The application was downloaded using BMI credentials. No data was stored on the phone and a time out was applied for security.

Engagement

The service engaged with patients and staff.

- There was effective engagement with staff through a range of mechanisms including 'Sloane says' a staff only meeting and the ED open forum.
- Since the last inspection the hospital had introduced patient journey meetings to aid communication, teamwork and collaboration across all departments to identify how to improve the service provided to patients. The meeting had representatives from all departments and a patient representative attending the bi monthly meetings.

Good

Surgery

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

Information about the service

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

In this section we cover the hospital's arrangements for dealing with risks that might affect its ability to provide services (such as staffing problems, power cuts, fire and flood) in the overall safety section and the information applies to all services unless we mention an exception.

The hospital is registered for 32 inpatient beds, all were single rooms with 30 rooms providing en-suite facilities across two wards:

- Cator ward had 16 rooms for inpatient and day case patients
- Langley ward had 12 rooms which could accommodate inpatient and day case patients. Two rooms had been re-designated for ambulatory care patients which could accommodate six patients and a room had been set aside for meeting with ambulatory patients.

As part of the inspection of surgical services we inspected Cator and Langley wards. However, Langley Ward was closed on the first day of the inspection as it was being refurbished. On the second day of the inspections three rooms were used for day patients.

The hospital does not have critical care facilities. In an emergency, the hospital transfers patients to a nearby NHS trust.

The surgical service had two operating theatres, one with laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination). In addition, there were two anaesthetic rooms and a three-bay recovery. The department operated Monday to Saturday between 7.30 am and 9.00 pm.

The inpatient and day-case activity for the period March 2018 to February 2019 comprised both privately funded and NHS-funded patients.

Inpatient activity was 72.5% (480) privately funded and 27.5% (182) NHS-funded patients. Day case activity was 71% (2,399) privately funded and 29% (985) NHS-funded patients.

During the period March 2018 to February 2019 there were 662 inpatient and 3,384 day case patients.

Are surgery services safe?

Good

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

Mandatory training

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

- As of July 2019, compliance with mandatory training for theatre clinical staff was 92.2% and for ward nursing staff was 94.8%. This was higher than the corporate mandatory training policy which states a target of 90% compliance for this training.
- As of February 2019, compliance with mandatory training for staff working across the whole hospital was 90.7%. This was similar to the corporate mandatory training policy states a target of 90% compliance for this training.

- The hospital had a corporate mandatory training programme, which included but was not limited to topics such as infection prevention and control, moving and handling, fire safety, conflict resolution, health and safety, and information governance. The mandatory training matrix identified the mandatory training required dependant on job role.
- The resident medical officers (RMOs) received their mandatory training from their agency and were not allowed to work at the hospital unless this had been completed.
- The RMOs, the Director of Clinical Services, resus lead and ward sister were trained in advanced life support (ALS). Other clinical staff were trained in immediate life support (ILS) or adult basis life support.
- Staff told us they completed training through the corporate learning system 'BMI Learn'; which was an online resource of training modules, e-learning courses, and some face-to-face sessions.
- Staff could view their individual training needs, current compliance and access e-learning courses through the hospital's electronic training system. The system also alerted both managers and staff when mandatory training was due to be completed.
- Staff we spoke with told us they were up-to-date with most of the statutory and mandatory training.

Safeguarding

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

- The service had a corporate safeguarding adults' policy which incorporated Mental Capacity, Deprivation of Liberty Safeguards (DoLS) and PREVENT advice. The policy included what action staff should take if they had concerns a patient had undergone female genital mutilation (FGM). At the time of the inspection the policy was under review. The policy had been due for review in November 2018. The hospital also had a standard operating procedure (SOP) for safeguarding adults and safeguarding children which was due for review in June 2020. Staff had access to the hospitals safeguarding policy's for children and adults via the hospitals intranet. Following our inspection, the hospital advised that the BMI Safeguarding adults policy was reviewed and updated in June 2019 and circulated to staff in July 2019.
- Safeguarding adults and children was part of the mandatory training programme for staff and different levels of training were provided according to the job role. Nursing staff we spoke with told us their safeguarding training was up to date. Data provided by the hospital showed that 94.7%% of theatre staff had completed safeguarding adults level one, 68.4% had completed level two and 100% of staff had completed level 3. A 100% of theatre staff had completed safeguarding children level one, 78.9% had completed level two and 100% of staff had completed level three. A 100% of nursing staff on the wards had completed safeguarding adults' level one, 95.6% had completed level two and 100% of staff had completed level three. A 100% of ward staff had also completed safeguarding children level one, 95.6% had completed level two and 100% of staff had completed level three.
- The director of clinical services (DCS) was the hospital safeguarding lead for vulnerable adults and children and trained to level three. Staff also had access to the BMI regional safeguarding lead who was trained to level four.
- Staff we spoke with had a good understanding of their responsibilities in relation to safeguarding of vulnerable adults and children and could explain how to respond to and escalate a concern or make a referral.
- Safeguarding information and contact numbers were displayed as a reminder and easy access for staff on the wards.
- The hospital reported no safeguarding concerns during the period March 2018 to March 2019.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. They kept equipment and the premises visibly clean

- At the last inspection we had concerns there were no hand hygiene sinks in patients' rooms and Langley ward had carpet flooring which posed a risk for infection control. On this occasion we found the situation had

improved. Hand hygiene sinks had been installed in Cator ward and were in the process of being installed in Langley ward. Laminate flooring had been installed on Langley ward.

- The theatres and patient rooms we visited were visibly clean. However, we did observe a staff member carrying dirty linen through the ward. We observed domestic staff cleaning throughout the day and undertaking this in a methodical and unobtrusive way. Daily cleaning schedules in the theatres and wards were in place. We saw the daily cleaning schedules were generally up to date and signed.
- Staff followed the hospital's policy and were bare below the elbow and used personal protective equipment (PPE). All patient rooms on Cator ward had sinks and soap, anti-bacterial gels were available on Langley ward. There were hand washing facilities in the theatres which included the anaesthetic rooms, theatres and recovery bays.
- The hospital had an identified an infection prevention and control lead (IPC) and we attended the IPC link meeting during the inspection which had representation from different departments across the hospital including the wards and theatre.
- Observational hand hygiene audits for March 2019 demonstrated a compliance of 100% in the theatres and on the wards.
- The hospital undertook monthly departmental health and safety checks and infection prevention and control audits to minimise the risk of the spread of infection to and between patients.
- The hospital reported no incidents of surgical site infections in the 12 month period January 2018 to December 2018.
- The hospital reported no incidents of MRSA, MSSA, C Difficle or E. Coli in the 12-month period January 2018 to December 2018.
- Patients were screened for Meticillin-Resistant Staphylococcus Aureus (MRSA) on routinely if they had a hospital admission in the last 18 months or had MRSA in the past as part of their pre-operative assessment.
- Patient led assessments of the care environment (PLACE) 2018 for cleanliness was 99.8% which was better than the BMI Healthcare average 98.8%. PLACE is an annual assessment of the non- clinical aspects of the patient environment.

Environment and equipment

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

- The theatre department consisted of two main theatres, one of which had laminar flow, an anaesthetic room and a three bedded recovery bay. The entrance to the theatre department was through the main corridor which could be easily accessed as there was no electronic card swipe access to the theatre to prevent unauthorised access. This was raised at the time of the inspection. The hospital advised they were installing electronic card swipe access to two sets of doors, one set of double doors in main corridor situated before theatre department an on the main theatre department doors. This would provide enhanced security for the both hospital ward areas and the theatre department. The installation lead time was booked and was planned to be completed in the 1st week of August 2019. Arrangements were put into immediate effect to ensure the theatre reception was staffed from 8.00 am until theatre closed with the theatre administration assistant and porters to maintain a security checking presence. Whilst lack of a secure entrance to the hospital had been identified on the risk register, the risk to unauthorised access to the theatres was not identified on the risk register.
- The inpatient wards consisted of two wards. Cator ward had 16 rooms for inpatient and day case patients. Langley ward had 12 rooms which could accommodate inpatient and day case patients. Two rooms had been re-designated for ambulatory care patients which could accommodate six patients and a room had been set aside for meeting with ambulatory patients.
- Electrical medical equipment (EME) were labelled with asset numbers and the dates of the most recent service or test, which provided a visual check that they had been examined to ensure they were safe to use. We were also shown records that provided evidence of recent maintenance inspections. This indicated that the hospital complied with guidelines contained in the HSE 'maintaining portable electrical equipment HSG107' (2013) and Medicines and Healthcare Products Regulatory Agency's 'Managing Medical Devices' (April 2015).
- The theatre department ordered operating equipment from a BMI central hub, we a saw there was a record of the equipment that that been ordered. In the warming

air cabinet, we saw that stock rotation was in place and temperatures recorded. However, theatres did not have an ultra sound machine for nerve blocks which did not reflect best practise. Following the inspection the hospital confirmed that an ultrasound machine was now available.

- In theatres we saw the 'difficult airways trolley' had daily checks in place which met the recommendations of the difficult airways society.
- Resuscitation trolleys were located on the wards and in the theatre. On the wards we saw there were some gaps in the daily checks and trolleys were within easy access for staff. The stock was checked, and all items were in date. In the theatre the resuscitation trolley was complete with daily checks and all drugs in date. There was a defibrillator, suction and oxygen all available and working.
- Disposable items of equipment were disposed of appropriately, either in clinical waste bins or sharps instrument containers. Sharps management complied with Health and Safety (sharps instruments in healthcare) regulation 2013. Sharps boxes were observed to be signed by staff and dated and assembled properly.
- Staff understood their responsibility to ensure they segregated and disposed of clinical waste appropriately Clinical waste bins were clearly labelled and we observed staff kept the rooms used to store clinical waste clean and tidy to minimise infection risk. There was a contract in place with an external supplier to dispose of clinical waste, which was stored securely until collected.
- The patient led assessments of the care environment (PLACE) for 2018 for the condition, appearance and maintenance 92.7% the same as the BMI Healthcare average 92.7%

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. However, the hospital did not have a not have a service level agreement (SLA) with the local NHS trust for transfers out in an emergency or if a patient's condition deteriorated.

- The hospital did not have a service level agreement (SLA) with the local NHS trust for transfers out in an emergency or if a patient's condition deteriorated. A standard operating procedure (SOP) for critically ill transfer out was in place for staff to follow. If a patient needed to be transferred urgently staff were to call 999 for an ambulance. The hospital advised there had been safe transfers out. The hospital was in the process of buying portable ventilators for anaesthetists to travel with the acutely unwell. This had been identified on the risk register.
- There was an admission policy setting out agreed criteria for admission to the hospital. All patients were admitted to the surgical service under the care of a named consultant. Patients had to meet certain criteria before the hospital would accept them for surgery, this minimised the risk of harm to the patient due to lack of appropriate facilities.
- Comprehensive assessments were carried out on patients at pre-assessment and staff continued to monitor these before and after their surgery. Key safety areas such as venous thromboembolism (VTE), pressure areas, nutrition, pain were completed using national risk assessment tools.
- All patient records we looked at showed people were assessed using the National Early Warning System (NEWS). Each chart recorded the necessary observations such as pulse, temperature and respirations.
- Staff were able to describe how they would escalate concerns about a deteriorating patient. The RMO provided medical cover 24 hours a day, seven days a week. This meant concerns regarding a patient could be escalated at any time of the day. The RMO could contact the relevant consultant as they were required by telephone in the event of any concerns about patient care.
- During this inspection we observed the theatre team used the World Health Organisation (WHO) 5 steps to safer surgery, surgical checklist, which was designed to prevent avoidable mistakes. This included checks such as patient identify, allergies and ensuring the consent form had been signed. The 5 steps to safer surgery checklist was audited monthly and we reviewed the audits for December 2018, January and February 2019 and saw that they were 100% compliant.
- The hospital had a sepsis screening tool and sepsis care pathway. Sepsis training was part of the mandatory training care and communication of the deteriorating patient (CCDP) module. Data provided by the hospital showed 73.6% of theatre staff and 86.9% of ward staff had completed the training.

- The practicing privileges agreement for all consultants ensured there was 24-hour clinical support when they had patients in the hospital. This included making alternative arrangements for a named consultant to attend to patients in an emergency if they were not available. There was always a resident medical officer (RMO) on site who completed advanced life support training, who was able to provide first line emergency treatment.
- Patients who had concerns following discharge, including day surgery could call the hospital or the corporate BMI 24-hour telephone advice line or access 'live support' on the BMI website. The hospital also had a 48 hour follow up call service and staff on the ward were scheduled to provide this.
- Theatre staff attended a safety huddle each morning, where the operating list was discussed. This was to ensure all patient needs and risks for that day were identified. We observed a huddle during our inspection and noted effective communication with all staff involved.
- Nursing staff on the wards undertook handover between each shift (day shift to night shift, and vice versa), which included an update on all patients currently admitted and highlighted any specific concerns such as infection risks to all staff.
- Staff used the situation, background, and assessment, (SBAR) communication tool for handover from theatre to ward staff when a patient returned from theatre. It helped remind staff of the areas to be covered. Staff printed handover notes, which they updated during the handover. All the patients were discussed and actions outstanding for patients were allocated. Situation-Background-Assessment-Recommendation (SBAR) is a communication tool designed to support staff sharing clear, concise and focused information.
- Theatre and wards staff completed adult basic life support, immediate or advanced life support training depending on their role. Data provided by the hospital showed that 62.5% of theatre staff had completed adult basic life support training, 81.8% of theatre staff and 100% of ward staff had completed adult immediate life support and 50% (one of two staff identified) of ward staff had completed adult advanced life support. Immediate life support training for theatre staff was below the target of 90%.
- The mandatory training matrix identified the following staff to be trained in adult advanced life support as registered practitioners selected by the hospital to lead the resus team and/or the hospital scenarios. The resus Officers, RMO, recovery or anaesthetic practitioners selected by hospital (2 -3 per department to cover hours that are open).

Nursing and support staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- Staffing was monitored daily to ensure staffing levels and the skill mix of staff met the projected acuity and numbers of patients.
- The theatre department staffing comprised of 10.60 full time equivalent (FTE) theatre nursing staff and 4.00 FTE operating department practitioners (ODPs) and health care assistants (HCAs).
- There were ongoing difficulties with the recruitment of theatre staff and this was recorded on the hospital's risk register. Senior theatre staff told us they used regular bank and agency staff to ensure continuity of care. Staff we spoke with told us that the transfer of patients to and from theatre was an issue. The theatre department had a dedicated porter, but when they were absent the OPD's had to collect patients from the ward and this would delay theatre. Following the inspection, the hospital advised the porter had been absent on the day of the inspection.
- The theatre department used the theatre utilisation tool (TUT). The tool is designed to automate analysis of a number of key theatre department process measures. The TUT increases the efficiency of the department by refining staff allocation to patient numbers and procedure mix and therefore reducing staffing costs, creating capacity for additional caseload, improving patient safety and ultimately increasing satisfaction for patients, consultants and staff. The theatres also used the BMI Resource Model in theatres which incorporated the Association of Perioperative Practice (AFPP) guidelines for safer staffing.
- Workforce planning for the theatres was currently done two weeks in advance, but there were plans to aim for a monthly rota.

- In recovery there were a minimum of two nurses, which is in line with the British Anaesthetic and Recovery Nurses Association (BARNA) and the Royal College of Anaesthetists (RCOA) recommendations.
- Wards staffing comprised of 12.40 FTE registered nurses and 1FTE (HCA). On the wards a senior nurse was in charge as a contact point for staff, consultants and patients 24 hours a day, seven days a week.
- On the wards nurse staffing levels and skill mix were planned according to patient admissions which were known in advance. Staffing levels were calculated using the electronic BMI Healthcare Nursing Dependency and Skill Mix Planning Tool.
- A minimum of two registered nurses were always on duty on the wards, one of whom was substantive, plus a health care assistant (HCA). Nursing staff numbers were determined by the numbers of patients booked for admission and could be adjusted to the flow of patients as admission times were staggered.
- Agency nurses underwent hospital orientation and induction. In theatres the use of bank and agency staff between April 2018 and March 2019 was between 21% and 10% each month for nursing staff, and between 15% and 1% for OPD and HCA staff. On the wards over the same period the use of bank and agency staff for nursing staff was between 17% and 7% each month and 3% and 1% for HCA staff. The overall reliance on agency and bank staff had improved over the 12-month period and senior staff told us they always tried to book the same staff that were familiar with the hospital. On the wards nursing staff told us agency staff mainly covered nights and bank staff supported day and night shifts.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The hospital had 218 doctors with practicing privileges for more than six months. Between April 2018 and March 2019, the number of episodes of care carried out by doctors with practicing privileges were: 5.96% (13) of doctors carried out 100 or more episodes of care, 21% (46) of doctors carried out between 10 and 99 episodes of care, 11.9% (26) of doctors carried between 1 and 9 episodes of care, 61% (133) of doctors undertook no episodes of care.
- A requirement for all consultants and anaesthetists' consultants engaged under BMI practising privileges was that they remained available for their own patients (both by phone and, if required, in person). Consultants and anaesthetists were required to confirm suitable cover arrangements if they are unavailable or on annual leave (buddy system).
- Under their practising privileges consultants were required to visit their patients at least once per day. All the patients we spoke with told us they had seen their consultant post-surgery and patients who were inpatients had seen them daily and or prior to their discharge.
- The day to day medical service was provided by a resident medical officer (RMO) who dealt with any routine and emergency situations in consultation with the relevant consultant. Out of hours, consultants provided either telephone advice or attended in person.
- The RMO provided a 24-hour 7 day a week service on a three-week rotational basis. All RMOs were selected specifically to enable them to manage a varied patient caseload and requirements. The RMOs are provided under contract with an external agency that provided training and support.
- The theatre department had an out of hours on call team which included and anaesthetist who was available to deal with emergency surgery.

Records

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

- Patient individual care records were written and managed to ensure that they were accurate, complete, legible, up to date and stored securely. Staff had access to computers and these were password protected and we observed that these were locked when not in use. This was in line with the Data Protection Act 1998.
- Patients care pathways commenced at pre-operative assessment prior to admission for surgery. The pre-operative assessment was fully completed and formed part of the paper record.
- GP's were sent discharge letters electronically immediately after discharge with details of the treatment, including follow up care and medicines provided.

- Where appropriate, patient care records contained stickers identifying equipment and implants used during surgery. This meant that they could clearly be tracked and traced.
- Staff used specific care pathway paperwork for each patient which ensured they kept records appropriate. For example, patients admitted for knee surgery had their clinical entries recorded in the 'Primary knee replacement care pathway' documentation. Care records contained pre-operative assessments, records from the surgical procedure and anaesthetic, recovery observations, nursing and medical staff notes and discharge checklists and assessments. The records also included multidisciplinary clinical notes, including those from physiotherapists.
- Theatre staff maintained a log of implants on their prosthetics register to enable traceability if an incident occurred. Theatre personnel retained a sticker from each implant in the register as well as in the patient notes.
- We reviewed six sets of medical records and found that risk assessments for venous thromboembolism (VTE), pressure areas, nutrition, pain had been completed using national risk assessment tools. Patients allergies were also recorded.
- The hospital undertook quarterly health documentation audits these included ensuring all notes were secure within the file and filed in order. Documents were legible, there was evidence of informed consent, completed operation note, completion of clinical risk assessments for VTE, pressure areas, moving and handling, bed rails, and falls and that all entries by nursing staff and consultants were signed and dated. The audit undertaken in December 2018 demonstrated record compliance was 91.5%. An action plan had been put in place to address areas were documentation was not achieving 100%.
- We saw that safety checks undertaken during surgery, using the World Health Organisation (WHO) 'Five Steps to Safer Surgery', were held within the patient's notes.
- Information governance was part of the mandatory training programme which all staff were required to attend. Compliance for theatres staff was 100% and wards staff was 86.9% which was below the hospital's target was 95% of staff having completed the training

Medicines

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

- The pharmacy team completed a programme of regular audits for missed doses, controlled drugs and medicines reconciliation.
- Pharmacy staff visited wards each day and conducted medicines reconciliation. (Medicines reconciliation is the process of ensuring that the list of medicines a person is taking is correct.) Staff could access medicines supplies and advice out of hours.
- We saw controlled drugs (CD) were stored, recorded, and handled appropriately with two nurses signing when controlled drugs were being administered. We noted no discrepancy in signing in the CD book.
- Access to the pharmacy during opening hours was by designated pharmacy staff only. There were specific procedures for other named staff to gain emergency access to the pharmacy out of hours, with the resident medical officer (RMO) and senior nurse holding separate keys meaning that single access was not possible
- All medicines on the wards and in the theatre department were stored securely in locked trolleys, cupboards and fridges with stock medications stored in locked cupboards in the key code locked clinical room.
- We reviewed a selection of medications stored on the wards and the theatre department and found all to be within expiry date.
- Staff monitored fridge temperatures on the wards daily to confirm that the fridge temperatures were in range, however no action was taken when the readings were out of range. Following the inspection the hospital advised they are now recording the actions they take when fridge readings are out of range.
- There was no fridge in the anaesthetic room so emergency drugs were stored in a cool pack.
- Staff had to access medication guidance, for example the hospital's medicines policy and current British National Formularies.
- The pharmacy manager represented BMI with the local CCG's and liaised with them on a regular basis regarding issues with prescribing and adherence to formulary.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

- The hospital reported no incidents classified as never events across the theatres and wards in the

twelve-month period from January 2018 to December 2019. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- The hospital used an electronic incident reporting system so all clinical and non-clinical incidents were reported and logged directly onto the incident reporting database. Staff said they were encouraged to reported incidents and had individual feedback. Nursing staff told us learning from incidents was disseminated to staff through their departmental meetings as well as the comm cell to prevent recurrence.
- The hospital reported 248 clinical incidents in the twelve-month period January 2018 to December of which 72.5% (180) related to the theatres and inpatients. Of the 248 incidents 73.7% (183) were categorised as no harm, 24% (60) were categorised as low harm, 1.6% (4) were categorised as moderate harm, and 0.4% (1) incident was categorised as severe harm.
- The hospital provided the details of the last three root cause analysis investigations (RCA), two of which occurred in 2017 and related to theatre and inpatient services. One incident occurred in June 2017 and the severity of harm identified as low for a patient being anesthetised without having signed a consent form for the procedure. The other incident in October 2017 related to the escalation of a deteriorating patient and subsequent death of the patient. The investigations identified the root causes, that duty of candour had been applied, the lessons learned, arrangements for shared learning which included presenting key finding and shared learning at MAC (Medical Advisory Committee) meetings and an action plan which detailed what actions were taken to prevent reoccurrence.
- From November 2014, providers are required to comply with the duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with were aware of their responsibility to apologise and be open and honest and share the information with the patient and their carers.

Safety Thermometer (or equivalent)

The service used monitoring results to improve safety. Staff collected safety information and shared it with staff. However, the service did not display safety information patients and visitors to view.

- The hospital measured safety performance and submitted safety data to the BMI Healthcare organisation.
- During the reporting period March 2018 to March 2019 hospital data showed the service was 100% harm free, with no pressure ulcer, no catheter or urinary tract infections or venous thromboembolism episodes and no patient falls.
- The service did not display safety information on the ward for patients and visitors to view.

Are surgery services effective?

Good

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

- Policies, procedures and guidelines had been developed in line with national policy. These included The Royal College of Surgeons standards for consultant led surgical care, the Association of Anaesthetists of Great Britain and Ireland (AAGBI), National Institute for Health and Care Excellence (NICE) guidelines.
- All the BMI corporate Policies, procedures and guidelines were available to all staff through the hospital's intranet system and staff demonstrated they knew how to access them.
- Staff running the pre-operative assessment clinic followed NICE guidance to ensure that staff had relevant tests prior to surgery to minimise the risk of complications or harm.
- The hospital used different care pathways for day patients, inpatients, patient undergoing hip or knee replacement. The assessments used by staff were based on national tools such as the malnutrition screening tool (MUST) and the News Early Warning Scores (NEWS).

- The hospital offered an advanced recovery programme which meant that patients were assisted out of bed as soon as possible following their operation. This helped to prevent post-operative complications and encourage early rehabilitation.
- The clinical audit programme was set by the BMI Healthcare group. Audits included the World Health Organisation (WHO) surgical safety checklist, infection prevention and medicines management. This meant the hospital was bench marked against other BMI hospitals within the BMI healthcare group.

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

- Patients were advised about fasting times prior to surgery at pre- operative assessment. Patients told us that on admission staff would check to ensure they had followed the fasting guidelines. Staff told us fasting was usually six to eight hours for food, and two hours for clear fluids prior to surgery.
- Nursing staff completed assessments in nutrition and hydration. Staff used the Malnutrition Universal Scoring Tool (MUST) on at pre-assessment risk assessment prior to admission.
- Intravenous fluids were prescribed when required. Fluid balance charts were used to monitor patient's hydration status.

Pain relief

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

- Pain relief on the wards was well managed. Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patients told us they were asked by staff on the comfort rounds if they were in any pain and medicines were provided in line with the patients' prescriptions.
- In theatres we observed that patients were asked about pain and pain relief was offered.
- Staff assessed patients' pain as part of the national early warning score (NEWS). This ensured that pain management was monitored, and patients received pain control medicine in a timely way. In four out of the six patient notes we saw patients had been asked about pain.
- The resident medical officer (RMO) could prescribe additional pain relief or nursing staff would speak to the patient's consultant.
- Post-operative pain relief was discussed with patients at pre-operative assessment and they were given information about pain control and anaesthesia.
- The hospital provided details of two quarterly pain management audits undertaken in July and November 2018. Both audits showed that all the patients notes had evidence that the nursing team had assessed the patients pain levels frequently.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

- The hospital participated in the National Joint Registry (NJR) to collect information on orthopaedic joint replacement operations, to monitor the performance of implants and the effectiveness of different types of surgery.
- The hospital submitted data to the NHS patient reported outcome measure (PROMS) programme for hip and knee replacement and cataract surgery and submits data monthly. For the period April 2017 to March 2018 hip and knee replacement pre-operative questionnaire completion was 83.7% and the post-operative questionnaire the responses rate was 75.6%.
- As part of the BMI Healthcare organisation the hospital contributed to the Private Healthcare Information Network (PHIN). Data was submitted in accordance with legal requirements which were regulated by the Competition and Markets Authority (CMA).
- The hospital also submitted data to the National Breast and Implant Register, however the hospital advised this had not been updated since 2017 due to no staff having authorised access to input to the register. The hospital advised that since this had been identified, steps have been taken to request access to the register. All records since the last data input were kept in theatre in hard copy format but, had yet to be submitted to the register.
- From January 2018 to December 2018 there was one unplanned transfer of an inpatient to another hospital. During the same period there were eight unplanned returns to theatre and three unplanned readmissions within 28 days of discharge.
- The day after discharge patients had a telephone follow up call by ward staff, this ensured contact was made

with patients to confirm that were supported post operatively and to determine any potential problems, which may impede an expected good outcome. All post-operative calls from patients for advice were documented and reviewed daily by ward manager for trends or patterns.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

- Staff told us they participated in the appraisals process. BMI Sloane appraisal year runs from October to September. In the current appraisal year 70% of nursing staff and 100% of operating department practitioners (OPD) registered and health care assistants (HCA) working in the theatres had an appraisal. On the wards 100% of nursing staff and health care assistants (HCA) had an appraisal.
- Nursing staff told us there were opportunities for learning and development and they had access to regular training updates these included paediatric basic life support, controlled drugs and medicine management workshops. Staff completed their e-learning whilst on duty and were not expected to complete their training in their own time or to come into work on their day off to complete. Nursing staff told us they had monthly scenarios to practice different situations. These have included for example managing a patient with sepsis. At the end of the scenario staff are debrief and additional training is identified.
- Registered staff we spoke with confirmed they were supported by the hospital with revalidation
- In the theatres bank and agency staff were utilised. Staff told us that they had two agency staff they used for consistency and had a pool of four bank staff.
- Nursing staff told us they felt supported by the consultants while they were on site and if they needed to contact them out of hours.
- The RMO told us they were able to access consultants if they needed advice and the agency that employed them undertook regular appraisals. However, it was not clear who was responsible for providing the RMOs with clinical supervision.
- All consultants working with the hospital had practising privileges which required consultants to have an up to date General Medical Council (GMC) registration, evidence of indemnity insurance and revalidation certificate. These were reviewed and highlighted at Medical Advisory Committee (MAC) meetings.
- Consultants only performed surgical procedures which they undertook in the NHS. As all the consultants held NHS contracts they maintained their skills by working in their trust and had their appraisals completed by their NHS Medical Director.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.

- We observed that multidisciplinary (MDT) working was evident on the wards; The RMO, pharmacists and nurse in charge reviewed patients who stayed overnight.
- Nursing, theatre staff and the RMO told us it was easy to contact a consultant if they needed advice. The consultant had overall responsibility for a patient's care.
- There was clear communication between theatre staff to ward staff. To aid safe and effective handovers of care, between the ward, theatre staff used a written Situation, background, Assessment, Recommendation (SBAR) handover tool.
- Physiotherapy staff were mobilised in-patient's post-surgery to aid effective recovery which included follow up at outpatient clinics.
- Pre-operative assessment staff told us they liaised with consultants and anaesthetists if there were any concerns about tests results or medications the patient was taking.
- Patients GP were sent a letter when the hospital discharged a patient.

Seven-day services

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

- The theatres ran from Monday to Friday from 7.30 am to 9.00 pm and 8.30 am to 6.30 pm on Saturdays. Theatre staff were on-call should there be any unplanned returns to theatre. On call staff were able to contact consultants and consultant anaesthetists.
- Nursing cover was available on the wards during the day and overnight for patients who required an overnight stay seven days per week.

Good

Surgery

- The RMO was always on-call and was based at the hospital, should staff need to escalate concerns about a patient.
- Consultants as part of their practicing privileges were available by phone and, if required, in person when they had inpatients in the hospital.
- Two pre- operative assessment clinics ran from Monday to Friday. Staff told us there were plans to offer pre-operative assessment clinics in the evening and on a Saturday morning. Pre-operative assessments were also offered on the telephone.
- Physiotherapy staff supported effective recovery and rehabilitation by providing sessions to inpatients daily, including at weekends.
- The pharmacy was open Monday to Friday 8.00 am to 4.00 pm. There was one clinical pharmacist and one assistant or pharmacy technician available during opening hours. The RMO and senior nurse in charge were permitted joint access to the pharmacy out of these hours. The 'on call' pharmacist provided support remotely or came in when controlled drugs were needed out of hours for theatres or where the consultant has added a new medicine that was not already available from the out of hours cupboard.
- Diagnostic imaging services provided an on-call service outside normal hours and at weekends for any inpatient emergencies or urgent radiological advice.

Health promotion

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

- Physiotherapy staff encouraged patients to mobilise early post surgery to help prevent post-surgery complications and encourage independence.
- In pre-assessment patients had access to a variety of leaflets which included smoking cessation, alcohol dependency, and venous thromboembolism (VTE) and a guide to pain control.
- Patient menus included meals labelled as healthy choices.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

- Staff had access to the BMI policies regarding consent, mental capacity act and deprivation of liberty safeguards and knew where to find them on the BMI intranet. Staff told us they would followed the hospitals policy and procedures when a patient could not give their consent.
- Patients told us that the consultants had discussed the benefits and risk of surgery before signing the consent forms. In all the records we reviewed the consent forms had been completed correctly.
- Staff we spoke with were clear about their responsibilities in relation to gaining consent. Patient told us that staff would gain their consent before post-operative observations and when performing therapeutic treatment.
- Consent training was included within the mandatory training and both theatre and ward staff were 100% compliant. The hospital told us that training in the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS) was included in safeguarding vulnerable adults level 2 training.

Are surgery services caring?

Good

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

Compassionate care

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

- Staff were seen to be considerate and empathetic towards patients. During our inspection we spoke with six patients and their relatives who were all very positive about their care and treatment. They told us the nurses were kind, caring and listened to their concerns.
- In theatres all staff were observed treating patients with dignity and respect. Staff made sure patients were comfortable and had the opportunity to air any concerns. We observed staff asking a partially sighted patient if they would like anything when they woke up from their anaesthetic for example their glasses or dimmed lighting.

- Patients reported that staff were polite, courteous and attentive; relatives who visited them felt welcomed. We observed clinical and housekeeping staff introduced themselves to patients and patients were treated with kindness and respect.
- The privacy and dignity of patients was maintained with the use of closed doors. The hospital told us they had two dignity champions.
- Patients informed us that staff were attentive and helpful. Patients told us call bells were answered quickly. Patients were encouraged to tell staff if they required any assistance or pain relief and we saw this being done.
- Relatives felt that staff kept them involved and informed about their relative's care and they had confidence that their relatives were cared for well.
- We saw notices on display in the hospital advising patients to let staff know if they wished for a chaperone.
- Hospital wide Friends and Family Test (FFT) scores for insured and self-pay patients for the period May 2018 to May 2019 ranged from 93% – 100%. The scores for NHS patients for the same period ranged from 98% -100%.
- The patient led assessments of the care environment (PLACE) for 2018 for privacy, dignity and wellbeing score was 82.4% which was lower than the BMI Healthcare average of 85.8%.
- Staff encouraged patients to complete patient satisfaction questionnaires to review and improve patient experience. The monthly report showed patient response rates, rating within categories and ranking against all BMI hospitals. In May 2019 BMI Sloane Hospital was rated 43 out of 55 BMI hospitals nationally.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff in all areas showed sensitivity and support to patients and understood the emotional impact of them having to be admitted for surgery. One patient we spoke with told us their consultant had phoned them three days before their operation, so they could ask further questions as they were anxious about their surgery. They told us this gave them additional reassurance.
- People were given appropriate information and support to cope emotionally with their care, treatment. Additional information was provided at pre-operative assessment and they were signposted to other support services.
- The hospital had open visiting hours on the ward and relatives and carers could visit at any time to offer support.
- Patients told us staff regularly checked on their wellbeing and to ensure their comfort.
- Patients were able to telephone the ward after discharge, for further help and advice on their return home.
- Staff had access to a number of local religious organisation hey could contact if patients requested this.

Understanding and involvement of patients and those close to them

Staff involved patients, and those closed to them in decisions about their care and treatment.

- Patients told us that they were involved in their care planning and that they were given the opportunity to ask questions about care and treatment. All the patients met with their consultant and the anaesthetist prior to the operation. We observed therapy staff gave leaflets to a patient to support the verbal information provided.
- Patients told us they were given clear explanations about the risks and benefits of the planned treatment and patients understood how their recovery would progress. This happened through discussion with their consultant and pre-operative assessment nurses.
- All the patients we spoke with were either non-NHS funded or NHS funded. However, none of the patients when asked said finances had been discussed with them.
- All patients had named consultants which were written on the doors of their rooms.
- Patients we spoke with knew they could contact the hospital if they felt unwell after they were discharged from the hospital. The ward staff performed follow up telephone calls 48 hours post discharge. A nurse was rostered to call patients to check that they had no problems or complications.
- Patients felt that they were given relevant information about their diagnosis and treatment and that they were helped to make informed decisions about their care.

Good

Surgery

Are surgery services responsive?

Good

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

Service delivery to meet the needs of local people

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

- The hospital worked with local clinical commissioning groups (CCG) and NHS trust to provide a range of elective services, these included hip and knee replacements.
- Private patients were able to book appointments through the BMI Healthcare website, which also had a 'live chat' support function. NHS funded patients who required surgical procedures could book through the national choose and book portal, this also gave patients a greater choice of hospital and appointment date and time.
- The inpatient and day-case activity for the period March 2018 to February 2019 comprised both non-NHS funded and NHS funded patients. During the same period there were 662 inpatient and 3,384 day-case patients. Inpatient activity was 72.5% (480) non-NHS funded and 27.5% (182) NHS funded patients. Day case activity was 71% (2,399) non-NHS funded and 29% (985) NHS funded patients.
- There were no facilities for emergency admissions; commissioners and the local NHS trust were aware of this.
- The hospital pre-planned all admissions. They accepted patients for treatment who were assessed as being at low risk of complications and whose post-operative care could be met.
- Pre-operative assessments were completed at least two weeks prior to admission and no less than 5 days. Under exceptional circumstances pre-admission assessment could be undertaken no less than 72 hours with approval of the Director of Clinical services. NHS patients' pre -surgery assessments occurred within a maximum of 16 weeks prior to the patients anticipated surgical date.

Meeting people's individual needs

The service took account of patients' individual needs and preferences.

- Patient admissions were pre-planned so that staff could assess patient needs prior to treatment. Staff told us that pre-operative assessment clinics were ran flexibly to accommodate individual patients' requirements. For example, for patients who wanted an early appointment they would start the clinic at 6.30 am. The hospital was also looking to introduce evening and Saturday morning pre-operative assessment clinics.
- The hospital used the care pathways for surgical patients. The pathways promoted effective patient care based on evidence based practice and ensured that individual patient's needs were recognised. They also provided flexibility to enable day case patients the option to stay overnight according to need. One patient who was a day case told us they did not get back from the theatre until later the previous evening, and they had stayed in overnight and were being discharged later in the day.
- The hospital had an open visiting policy, this meant family and friends could provide support and assistance.
- Catering services were outsourced to an external provider. A variety of meals were available for patients to choose. There were allergy aware menus and menus with healthier choice which included vegetarian and gluten free. The staff provided support with meals as needed. Hot and cold drinks and snacks were readily available. Patients we spoke with were generally happy with the choices they had been offered.
- Patient led assessments of the care environment (PLACE) 2018 for food and hydration was 93.3% similar to BMI Healthcare average of 93.8%.
- Staff told us they could access interpreters. Translation services were provided through a telephone interpretation service.
- The hospital had a chaperone policy in place and notices encouraging patients to ask for a chaperone were visible on the wards. Chaperone training was available through e-Learning.
- On the wards there were information boards with information for staff on how to support people with dementia. A dementia box was available on the ward

which staff could access to help to support a patient with dementia. On the wards 95.7% of nursing staff and 100% of the theatre staff had completed dementia awareness training.
- Patient Led Assessments of the Care Environment (PLACE) 2018 for dementia was 78.9% which was lower than the BMI Healthcare average of 79.4% and for disability this was 78.4%, which was lower than the BMI Healthcare average score 83.3%.
- The hospitals website provided information about paying for treatment. Patients were able to pay for themselves. Treatment could also be funded through private medical insurance. The hospital also provided services for patient funded through the NHS.
- The hospital was unable to treat bariatric patients as they did not have bariatric equipment

Access and flow

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

- Admissions to the hospital could only be made by consultants who had admitting rights. The hospital had a clear exclusion criterion for planned and unplanned admission, these included patients requiring critical care level two or three, termination of pregnancy, infectious diseases, mental health, acute cardiology and children under 16 years of age. This meant the hospital only admitted patients they had the facilities and expertise to care for.
- NHS patients were usually referred by their GP's or through spot purchase contracts with the NHS.
- In the twelve-month period January 2018 to December 2018 the hospital treated a total of 4,030 patients aged 18 to 75+ years, of these 662 were inpatients and 3,368 were day cases.
- In the twelve-month period January 2018 to December 2018 the hospital carried out 1214 surgical procedure. Over this period the hospital cancelled 12 procedures for non-clinical reasons. Five of the patients were offered appointments within 28 days.
- Between June 2018 and June 2019, a total of 63 patients had their procedure or appointment cancelled on the day. Of these 39.6% (25) were day case patients and 23.8% (15) were inpatients. Of these 55% (22) were cancelled due to clinical reasons, 22.5% (9) patients were cancelled due to lack of staffing or unavailable equipment, 12.5% (5) patients cancelled their procedures, and 5% (2) procedures were cancelled by the consultants.
- There were morning, afternoon and evening operating sessions. The evening session ran from 5.30 pm to 9.00 pm and included both inpatients and day cases. Theatre and ward staff told us the evening surgery session sometimes overran, with patients returning to the ward after 9.00 pm. Occupancy rates on the wards meant that any day case patient who required an overnight stay could do so.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- The hospital executive director oversaw the management of complaints. The handling of complaints was monitored to ensure that complaints were dealt within the time frame set out in the BMI complaints policy. Where there were time extensions in dealing with complaints, the reasons for the extension was recorded. Complaints could be raised in person, by telephone, or in writing and are recorded onto BMI Healthcare electronic complaints reporting system.
- Complaints were discussed at the daily 'comms cell' meetings, weekly senior management meetings, at monthly clinical governance meetings and heads of department meetings and cascaded to all departments.
- Staff told us they tried to resolve complaints and concerns at the time where ever possible.
- Across the hospital 214 complaints were raised by patients during the twelve-month period January 2018 to December 2019. One complaint had been referred to the Independent Healthcare Complaints Adjudication Service (ISCAS). The hospital advised they had two complaints following short notice surgical cancellations where it was identified that the cancellations could have been avoided. Theatre staffing, and equipment are now reviewed in advance.
- Between October 2018 and March 2019 there were 13 complaints related to theatres (7), the wards (4), and

pre-operative assessment (7). All the complaints had been responded to and closed. There were no consistent trends or themes in the complaints that were reported.
- There was a daily duty manager at the hospital who patients or visitors could speak with if they had any concerns or compliments.
- Information was available the BMI leaflet 'How did we do today?' to inform patients, relatives and visitors on how they could raise any concerns.

Are surgery services well-led?

Good

Our rating of well-led stayed the same. We rated it as **good.**

Leadership

Managers had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

- There was a clear leadership structure. An executive director (ED) had overall accountability for the hospital and was supported by senior management team members, director of clinical services (DCS), director of operations (DO), sales and marketing manager, commercial finance manager, and the medical advisory committee (MAC) chair.
- The senior management team were supported by five clinical services managers which included theatres and the wards. The theatre manager and ward manager had recently come into post and had been with the hospital for less than six months at the time of the inspection.
- The leaders had the skills, knowledge and experience they needed for their roles.
- The department managers that we spoke with had a good understanding of the challenges to quality and sustainability and were able to identify the actions needed to address them.
- Staff were positive about the local leadership. Staff told us they felt supported by their line-manger to do their jobs despite challenges, especially of capacity and recruitment
- Consultant medical staff told us they had a good working relationship with the staff and senior management to deliver care and meet patients' needs.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

- BMI Sloane is part of BMI Healthcare. The hospital's vision and strategy were driven by BMI Healthcare which was to 'offer the best patient experience and best outcomes in the most cost-effective way from our comprehensive UK network of acute care hospitals".
- The hospital had a five-year BMI Sloane operational plan 2015-2020 which set out the hospitals vision to align with the BMI Healthcare company vision "to provide outstanding care to our local population, with high performing, caring and progressive team." The hospital identified it's eight strategic objective and priorities as being people, patients, communication, growth, governance, efficiency, facilities', and information.
- Most of the staff we spoke with knew of BMI's vision to provide the best possible patient experience and outcome. In the theatres and on the wards, we saw staff working together to achieve this.
- The hospitals strategy was to review the current services it provided and possibly expand the endoscopy service and ambulatory care service.

Culture

Staff felt respected, supported and valued. The service provided opportunities for development. The service had an open culture.

- There was a culture of honesty, and transparency. Staff were encouraged to report incidents and learning from incidents was cascaded. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in root cause analysis investigation reports.
- The hospital had trained two members of staff in July as 'freedom to speak up champions, as part of a BMI-wide initiative. While some junior staff could not recall the names of the hospital champions, we saw examples of publicity posters and emails distributed as part of the information campaign. The champions form part of a confidential support network for staff who may want to report a problem but don't feel confident to raise the issue alone.

- The theatre manager and the wards manager worked clinically and were proud of their staff and department.
- Nursing staff told us there was good team work and peer support. Staff were committed to delivering a good service.
- Staff were enthusiastic about the care and services they provided for patients. Some of the staff we spoke with had worked at the hospital for many years and described the hospital as a good place to work.
- The hospital had nominated two staff as the freedom to speak up guardians and they were due to undertake training at the end of July.
- There were opportunities for further learning and development, nursing staff told us there were opportunities for them to progress.
- On the wards we saw multidisciplinary working which involved patients, therapists and nursing staff working together to achieve good outcomes for patients.
- Patients acknowledged a positive and caring ethos and were mostly happy with their care.

Governance

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

- The hospital had effective governance process and worked within the BMI Hospital Committee Terms of Reference. Governance and risk performance were discussed through the committee meeting structure including monthly heads of department (HoD), clinical governance, Health & Safety and quarterly Medical Advisory Committee. Agendas of meetings followed a standardised format, with action listed and a named individual and timeframe for completion. Senior leaders report into the corporate BMI healthcare regional and national clinical governance structure.
- The hospital's clinical governance committee ensured there was clinical oversight of for example patient safety issues, incidents, complaints, risk register and audits. There was also a standing agenda item to review external and national guidance and new legislation, such as National Institute of Health and Care Excellence (NICE) guidance. This ensured the hospital implemented and maintained best practice, and any issues affecting safety and quality of patient care were known, disseminated managed and monitored. We reviewed four sets of minuets were well attended by the SMT, HoDs and clinical leads.
- Medical Advisory Committee (MAC) meetings were held bi-monthly. MAC minutes showed there was there was representation from all the surgical disciplines at the MAC meeting. The role of the MAC was advisory and included ensuring that all consultants were skilled, competent, and experienced to perform the treatments undertaken. Practising privileges were granted for consultants to carry out specified procedures using a scope of practice document, these were reviewed biannually.
- The theatre and ward managers attended the monthly HoD, and clinical governance meetings. We review both ward and theatre department meetings, but it was not clear from these minutes whether information was always being shared with the frontline staff.

Managing risks, issues and performance

The service used systems to manage performance effectively. They mostly identified and escalated relevant risks and issues and identified actions to reduce their impact.

- The hospital had a risk register which was regularly reviewed and updated to ensure risks were monitored and appropriately managed. Heads of departments managed departmental risk registers which fed into the hospital register.
- The hospital had 38 risks identified across all departments, four of the risks related to theatres and one related to the wards. The hospital had identified its five top risks two of which related to the theatres and the ward. The risk register included the majority of concerns we found during the inspection with the exception of the secure access to the theatre department.
- The daily 'comms cell' meetings Monday to Friday were attended by representatives for each department. The meeting covered a range of subjects including risk review, recent incidents, health and safety update, training compliance review, and any concerns that affected the hospital. This was cascaded to staff, so they gained a wider view of risk, issues and general performance within the hospital.

- The hospital had an audit programme that supported the hospital to ensure patient safety. Incidents, near misses and complaints are monitored for trend and improvements actioned through action plans. Lessons learned were cascaded to staff.
- The hospital's monthly bulletin included information about changes in legislation, NICE guidance, and Medicines & Healthcare Products Regulatory Agency (MHRA) alerts.

Managing information

The service collected reliable data and analysed it. Data or notifications were submitted to external organisations as required.

- Service performance measures were reported and monitored by the hospital, BMI Healthcare and local commissioners. These included data and notifications that required submission to external bodies.
- The hospital had access to patients' NHS treatment records.
- Information technology systems were used effectively to monitor and improve the quality of care. For example, the incident and complaints recording system provided the hospital with a platform to monitor and assess risks and assess trends.
- Staff had secure access to the hospital's intranet which gave them access to a range of policies, procedures and guidance and their training and personal development records.
- Consultants had access to a BMI 'Consultant App' which gave them remote login to clinics and theatre lists on a smartphone. The app enabled consultants to access clinic and operating theatre data. The application was downloaded using BMI credentials. No data was stored on the phone and a time out was applied for security.
- BMI had group policies and processes in place governing Information Governance, Security and Personal Data Protection. All data controller registrations for the processing of personal data were maintained in accordance with the requirements of the UK Information Commissioners Office.
- The Groups Information Security and Governance policies were compliant with ISO/IEC27002 the Code of Practice for Information Security Management, with security risk management and regular independent auditing undertaken to satisfy these requirements.
- BMI held and maintained formal certification to ISO/IEC27001:2013 relating to the operation and management of its Information Security Management System (Certificate Number: CI/144541S). BMI manages its information security obligations based on continual improvement with Information Security Management forming a key part of the BMI Information Management Committee function.
- BMI annually submitted, and was compliant with, the NHS HSCIC / NHS Digital Information Governance Statement of Compliance - IG Toolkit. BMI was also compliant with the Payment Card Industry Data Security Standard – PCI-DSS (PCI Security Standards Council).

Engagement

The service engaged with patients and staff.

- The hospital had introduced patient journey meetings to aid communication, teamwork and collaboration across all departments to identify how to improve the service provided to patients. The meeting had representatives from all departments and a patient representative attending the bi monthly meetings. An outcome from the meetings was that dignity champions had been appointed in the theatres and on the wards and dignity boards were displayed in the hospital dining room.
- The hospital gathered patients' feedback which was monitored monthly through the patient satisfaction dashboard. The top most improved satisfaction score form March 2018 to March 2019 was the number of patients who had received a follow up call which had increased by 33.8% from 49.2% in March 2018 to 83% in March 2019.
- The hospital encouraged staff to attend staff forums, including the ED open forum and 'Sloane Says' meetings.
- Information was shared with staff daily at the daily communication cell (comm cell) meeting, representatives from each department fed back to their teams through daily brief and handover meetings. Information is also cascaded by email, and monthly departmental meetings.
- The annual BMiSay employee survey for 2018 showed that 67% of staff at BMI Sloane were satisfied working for BMI healthcare and 98% were committed to doing their very best for BMI Healthcare.

- BMI healthcare had recently introduced a new long service award that rewarded staff who had worked for BMI healthcare. The long service award was given every fifth anniversary from five to forty years for more than five years.

Learning, continuous improvement and innovation

The service was committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

- The hospital had a rolling refurbishment plan which included installing hand hygiene sinks and laminate flooring on Langley ward.
- Two rooms on Langley wards had been re-designated for ambulatory care patients which could accommodate six patients and a room had been set aside for meeting with ambulatory patients.
- Members of the senior team were encouraged to complete the ILM management courses and the introduction of leadership training to facilitate, encourage and allow managers to develop within their role.

Requires improvement

Services for children & young people

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

Information about the service

Services for children and young people focused mainly on outpatients, with a small number of surgical cases being carried out.

The hospital did not have paediatric nurse on site all the time, however it had a service level agreement with a nearby BMI hospital to provide paediatric nursing support over the phone and in person as defined by the agreement.

The hospital did not perform interventional procedures on children and young people younger than 16 as there was no paediatric nurse on site. Patients aged three to 16 were only permitted to have consultations with specialists. If interventions were needed they were referred to other sites with paediatric nurses present. The exception to this rule was in physiotherapy where there was a paediatric physiotherapist who cared for children and young people children and young people aged from six to 18 years. Children and young people aged 16 and 17 were assessed prior to surgery to determine whether they were safe to have surgery on site without a paediatric nurse present.

Children and young people were cared for in the same areas within the hospital as adults. There was an inconsistent approach to making the waiting rooms suitable for children and young people. As part of the inspection of children and young people services we inspected both hospital inpatient wards, the outpatient, pre-assessment areas and the physiotherapy department.

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

Activity

The children and young people service accounted for about 553 of 32,000 attendances in the last year (March 2018 to February 2019). Of these, 360 were aged between aged 3-15 years and 193 were aged 16-17.

Are services for children & young people safe?

Good

We rated safe as **good.**

Mandatory training

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

- The service had an induction package that included all mandatory training, in a range of formats including e-learning and face-to-face. Training and competency levels were monitored for agency and bank staff as well as permanent staff. Managers explained they recorded and monitored training compliance using the "BMI learn" tool. There were a few mandatory courses relating to the care of children and young people, these included paediatric resuscitation and safeguarding training at various levels depending on specific job role.
- Nurses said they felt the training they received was suitable and supported them to carry out their role.
- Four members of theatre staff had completed PILS training, which was 80% compliance with assigned training. 12 ward nurses had completed Paediatric Immediate Life Support (PILS) training. This was 100%

compliance assigned PILS training. PILS training is training aimed at giving healthcare professionals the skills and knowledge to treat seriously ill children or children whose heart is stopping.

Safeguarding

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

- Ward staff mandatory training figures showed all 23 nurses had completed their level one child safeguarding, 22 nurses had completed their level two safeguarding and one nurse had completed level three safeguarding. This was 100% compliance with training assigned to each individual. One ward nurse had not completed their female genital mutilation (FGM) training.
- Theatre staff mandatory training figures showed that all 19 staff had completed their level one child safeguarding, 15 members of the team had completed level two safeguarding and one member of the team had completed level three safeguarding. This was 100% compliance with training assigned to each individual. Three members of theatre staff had outstanding FGM mandatory training.
- Physiotherapy had two members of staff trained to level three safeguarding and ensured one was always working when children were present in the department.
- Ward staff and physiotherapists were able to give examples of when they would highlight safeguarding concerns and knew who to raise them to. Physiotherapy staff were able to recall times they had raised safeguarding concerns.
- The hospital's policies on children and young people children and young people safeguarding were in date and made accessible to staff through notice boards or online. Staff were aware where to find the policies should they need them.
- Managers followed safe practices for recruiting staff and allowed delays if needed to make sure all checks had been completed.

Cleanliness, infection control and hygiene

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

- In response to the previous ward inspection there was an ongoing programme to ensure each room had handwashing facilities. This work was not yet completed with some rooms only having hand washing facilities in the bathroom.
- Staff used "I am clean" stickers to indicate they had cleaned the equipment recently and it was ready for use by another patient.
- All staff in clinical areas were "bare below the elbows", had their hair tied back and wore clinically appropriate clothing.
- There were regular hand hygiene audits carried out in the hospital in all the areas children and young people were treated. Observational hand hygiene audits for March 2019 demonstrated a compliance of 100% in the theatres and on the wards

Environment and equipment

Generally the design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

- Resuscitation trolleys were appropriately located in the wards and outpatient department, with specific paediatric 'grab bags' in reception and the physiotherapy department. 'Grab bags' are bags that contain specific equipment needed in an emergency to allow procedures to be carried out on children. There was no signage around the resuscitation trolley reminding staff of the location of the nearest 'grab bag', but all staff we spoke with knew its location.
- Equipment in the paediatric grab bag in reception was incomplete. The contents had been checked and signed, but some items were missing; one was out of date and others were inappropriate for use. This included no small cannulas for accessing children's veins and suction equipment that did not fit the suction machine. This had not been noted during the bag's regular checks. We raised this with staff and the issues with equipment were immediately resolved. The hospital was carrying out an investigation to find out how this had happened.
- We raised concerns about security of theatres, where young adults were operated on. Hospital managers

were aware of the risk and there was a business case in place to improve the security. In response to our concerns they made arrangements to ensure the theatre reception was manned from 8.00 am until theatre closed to maintain a secure environment. A permanent swipe card system was due for installation in the week commencing 1st August 2019.

- Young people were cared for on the same wards as adults. Adults and young people were cared for in single rooms on the wards.
- Physiotherapy staff completed a daily environment risk assessment to make sure the environment of the waiting and treatment rooms were safe for children and young people. Posters in the waiting room reminded parents and carers of their responsibility to take care of their children and that there were doors between the waiting room and any staircases.
- Outpatient staff were introducing a daily risk assessment to make sure the environment in the waiting room was safe for children and young people. There were no notices in the waiting areas to warn parents or carers of the risk of open staircases. While we acknowledge the waiting areas had to have unobstructed access for fire safety reasons, there were no notices to remind parents of the potential risks.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- The hospital did not have a service level agreement to transfer critically unwell patients. All staff were aware of this and they were able to detail how they would transfer a critically ill patient, by dialling 999 and making the operator aware they were not a critical care centre. This was highlighted on the hospital risk register and was being progressed by the clinical services manager. This risk was reduced by only allowing children and young people under the age of 16 to have consultations in the hospital and screening children and young people aged 16 and 17 to check suitability to enter the adult pathway if having surgery.
- Information provided by the hospital showed that three children under the age of three had been treated in the previous year, the hospital should only accept children and young people age three and above for consultation. We asked about this during the inspection and senior staff were unable to confirm if it was correct. They told us they were not aware of the visits and they had not been highlighted to anybody and as such no investigation, action plan or changes had been made.
- There were strict criteria for the treatment of children and young adults within the hospital. The criteria included that young people aged 16 and 17 would only be admitted for routine uncomplicated elective surgical procedures and that procedure bookings were not to be confirmed until the pre-assessment team had assessed them to be “clinically appropriate”. The risk assessment shown to us was thorough and screened patients for other illnesses and potential care issues that could lead to complications. The risk assessment provided instructions for where to book children and young people if they were unsuitable for treatment at the hospital.
- No children and young people under the age of 16 were permitted to have any invasive procedures.
- Pre-assessment staff assessed young people to make sure they were safe to follow an adult surgical pathway. These checks included the young person and their parent/guardian being informed there was not a paediatric specialist on site at the time of surgery and being offered to have treatment elsewhere.
- The hospital had processes to minimise the risk of not having a paediatric nurse on site at the time of surgery. They included communication with the paediatric nurse lead for the area to ensure they were aware of surgery timings to ensure they were available for support if required.
- The hospital used the national early warning score system (NEWS) to detect any potential deterioration in patients. It was hospital policy to screen young people at the pre-assessment stage to ensure they were able to follow an adult pathway. Accordingly, the paediatric version of the NEWS was not employed.
- Physiotherapy staff completed specific children and young people risk assessments before a child or young person receive any physiotherapy treatment.
- Staff followed the five safer steps to surgery and they completed the World Health Organisation’s (WHO) checklists. The WHO checklist is a checklist developed to decrease errors, adverse events and increase teamwork and communication in surgery. For detailed information about WHO compliance please refer to surgery.

Requires improvement

Services for children & young people

- Resuscitation simulations were practiced within the hospital three times a year. This was provided through an external provider and simulations were unannounced. These scenarios were followed up with a report detailing any areas for improvement. A recent example provided simulated a ten-year-old patient suffering an asthma attack in the outpatient department.
- The Resident Medical Officer (RMO) was trained to advanced levels of paediatric resuscitation. The RMO was available on site at all times, staying on site overnight. The hospital had three RMOs working on a rotational basis to make sure they were not overworked or overtired.

Nurse staffing

- In line with BMI policy, the hospital did not have a paediatric trained nurse on site but, had an arrangement to access paediatric nursing advice or support from another hospital close by. This risk was also reduced by following procedures to screen children and young people for suitability to have treatment at the site.

Medical staffing

The service had paediatricians available on Saturdays to run their clinics. In the week children and young people were seen by specialists such as dermatologists on a consultation only basis.

- For more detailed findings on medicines please see the Safe section in the surgical report.

Records

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

- All 10 records we reviewed were complete. They included pre-assessment checks, appropriately completed consent forms, surgical notes, ward notes and discharge paperwork. Notes also clearly identified when a patient had any allergies.
- Staff in pre-assessment demonstrated how young people were identified to theatre staff on computer systems as well as in physical notes created prior to the procedure.
- We saw discharge paperwork in all sets of notes that we reviewed. The discharge paperwork was clear and summarised what was found in the notes and in all cases gave medication recommendations. In all notes there was a record of an attempt of contact follow up approximately 48 hours after surgery. This was noted when contact had not been successfully made.

Medicines

Notes reflected that pain relief was administered and monitored after surgery. When required young people were discharged with pain relief and a discharge summary detailing how and when to take them.

- For our detailed findings on medicines please see the safe section in surgery.

Incidents

Staff did not always recognise issues that needed to be reported and managed. However, they were able to provide some examples of learning from incidents.

- Staff were able to explain the way incidents were reported and the various routes, including face to face meetings and emails that they would expect to receive feedback. Staff told us they shared learning between hospitals within the hospital group, allowing for learning from incidents at other BMI hospitals.
- Staff did not always remove and report safety issues. An example of this was the paediatric 'grab bag' detailed earlier.
- Staff were able to provide an example of an incident when a young person was in theatres without the lead paediatric nurse being aware of this. The procedure was cancelled and the patient moved to another hospital. Staff could detail the learning and changes in processes that arose from this this event. Changes to practice were reflected in notes checked dated after the incident.

Safety Thermometer (or equivalent)

For our detailed findings on safety monitoring please see the safe section in surgery.

Are services for children & young people effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

Requires improvement

Services for children & young people

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

- Pre-assessment staff followed strict criteria for young people to have surgery at the hospital. If there were concerns about a patient's condition or co-existing conditions these would be discussed with the lead paediatric nurse for the area and the patient transferred to another hospital with more support. Notes reviewed evidenced venous thromboembolism (VTE) risk assessments, as per assessment criteria. VTE means blood clotting in the veins.
- There was a children and young person operational manual that defined training and staffing needs for the care of children and young people. This was broken down into age groups and type of interaction for example consultation only or interventional work such as surgery. This was aimed at making sure children and young people were cared for by the right person at the right time. This manual also stated the consent procedure for children and young people and the pre-assessment, admission and discharge pathways. The document referenced up to date guidance from a variety of agencies and made reference to best practice and national guidance for the care of children and young people.
- There was more focus on children and young person in physiotherapy compared with outpatients and clinical areas. During our inspection we found that staff on the wards, theatre and outpatients were unaware of the child and young person's pathway and could not define their roles within it. In contrast to this, staff in physiotherapy and pre-assessment knew their roles in the pathway and the mechanisms in place to ensure they were safely treated.

Nutrition and hydration

At the time of inspection there were no children being treated therefore nutrition and hydration could not be assessed.

- Staff told us fasting prior to surgery was usually six to eight hours for food, and two hours for clear fluids prior to surgery.

Pain relief

At the time of inspection, no children were being treated and therefore immediate pain management could not be assessed.

- However, we saw that pain management was documented in patients notes post operatively. Pain checks were evidenced in post-operative care notes and discharge paperwork made clear reference to how and when to take pain relief if required.

Patient outcomes

- The provider did not collate audit data to monitor the outcomes of children and young people after appointments or procedures.
- The paediatric lead nurse knew of the overarching paediatric audit but, thought it was out of date and needed repeating. Following our inspection, the hospital confirmed that the audit was in date and due for re-audit in Autumn 2019.

Competent staff

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

- Training surrounding children and young people's care was limited to life support and safeguarding. As there were no paediatric nurses permanently employed by the hospital training did not extend beyond mandatory courses for nurses.
- Managers were able to evidence and check staff competency using the "BMI learn" software. This held the training records for permanent members of staff. Managers were also able to detail how they ensured bank or agency staff training records were checked to make sure they were competent and safe to practice in their role. The IT software flagged to managers when a member of staff required an update and staff described having time to carry out their training.
- Staff we spoke with said they felt there was good encouragement for development, with some of them progressing from clinical members of the team to management level. Examples of heads of department being put on leadership courses were given.
- The clinical services manager detailed the system in place to identify when nurses were due for revalidation and the process in place should the nurse miss their deadline.
- In physiotherapy a member of the team detailed how their training was coordinated with other BMI hospitals to run larger training sessions, with specific learning directed towards children and young people. This was

funded by the hospital. The paediatric physiotherapist told us in addition to the mandatory training they had attended courses and training with specialist focus on children and young people's care. An example of this training was a course about the muscle growth of children.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together across sites to maintain safety.

- Pre-assessment staff, the wards and the theatre team were able to communicate with the lead paediatric nurse based off site should they have any concerns about a child or young person. Discussions of this nature were documented in patient notes in line with the service level agreement the paediatric nurse had with the hospital.

Seven-day services

Services were made available outside of school hours to support patient care.

- Paediatricians had dedicated Saturday clinics to see patients on the weekend, outside of school hours. Other outpatient clinics had timings throughout the week that included evenings to allow children and young people to attend.
- The physiotherapy department had Saturday and evening clinics, outside of school hours. These were staffed by a member of the team trained to treat paediatric patients.

Health promotion

There were no specific leaflets designed to help promote healthy lifestyles to children.

- During the inspection there were no children being treated therefore staff interactions could not be reviewed.

Consent, Mental Capacity Act

- Patients with mental capacity problems would be referred elsewhere in line with hospital guidelines.
- We saw the hospital had a specific consent form for children and young people. The form had both a place for their parent or guardian to sign and for the child or young person to sign if they wanted to. In the records we viewed these were all signed. The use of this form was laid out in the hospital's children and young people operational manual, which explained how and when it should be used.

Are services for children & young people caring?

Not sufficient evidence to rate

We have not rated caring as during the inspection no children or young people were being treated therefore we could not assess whether care was compassionate.

Compassionate care

During the inspection there were no children being treated therefore we could not assess whether compassionate care was provided.

- The hospital only had one format of friends and family test on the ward that young people and adults could fill out. They were unable to separate out responses from children or young people.

Emotional support

During the inspection there were no children being treated therefore we could not assess whether emotional support was provided.

Understanding and involvement of patients and those close to them

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

- Pre-assessment staff completed their risk assessment and checks consulting both the patient and their parent or guardian when the patient was under the age of 18. In the first instance this was completed with a telephone consultation but was able to be extended to a face to face consultation if required. This allowed children and young people and their families to be involved in the discussion about their care.

Are services for children & young people responsive?

Requires improvement

Services for children & young people

Requires improvement

We rated responsive as **requires improvement.**

Service delivery to meet the needs of local people

- The outpatient clinic area was not child friendly for example there were no toys available and waiting rooms were open to staircases without signs to alert parents to this. The hospital has since told us that toys were removed from the waiting room as the waiting time for patients was less than 10 minutes.
- We saw that the tea/coffee machines had notices to alert parents and patients that they contained hot water.
- Young people undergoing procedures were cared for on adult wards. However, they did not stay overnight and all rooms were single occupancy.
- In the physiotherapy department there were toys and books for children, the waiting room had a door that could be closed to separate it from the stair case. Tea/ coffee machines had notices to alert people they were hot.
- Wi-Fi was available throughout the hospital and was free to use for all people on the premises.

Meeting people's individual needs

Staff referred children and young people to other services if they were unable to accommodate their needs. They coordinated care with other services and providers.

- The hospital had criteria for young people to be assessed and treated, if patients did not meet the criteria they were referred to another hospital nearby that could accommodate their needs. This was overseen by the paediatric lead nurse who covered three hospitals that were located close together.
- The catering team explained how they would speak with young people to assess their personal preferences.
- All ward rooms had a television provided free of charge for patients admitted.
- There was a chaperoning policy specifically for children and young people. This policy set out the need for children and young people to be offered a chaperone for examinations but left the ultimate decision to the patient and parent or guardian. The policy laid out the processes for recording the decision to, or not to, have a chaperone.

Access and flow

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

- Paediatric clinics were scheduled at appropriate times throughout the week to avoid school hours. For example, the paediatricians' clinics were scheduled for Saturdays and the physiotherapy team had a paediatric physiotherapist working evenings and on Saturdays.
- All children or young children seen at the hospital were privately funded, there were no waiting lists. Any delays to treatment were due to the risk assessments being carried out.

Learning from complaints and concerns

It was possible for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. However, the hospital had no variation to the complaints procedure to make it child friendly if needed.

- Managers showed evidence of discussion about a complaint related to a young person's care being delayed; we saw the evidence of learning from the complaint and the changes made to practice in light of it. This change in practice was then evidenced in the notes checked dated after the resolution.

Are services for children & young people well-led?

Inadequate

We rated well-led as **inadequate**.

Leadership

Leaders were in place to run the children and young person's service. However, the service was small in comparison to the adult service and there was little effective day to day management. In physiotherapy there was more effective day to day management of children and young people's pathways.

- The paediatric nurse who was in place to oversee the children and young people's services was based at another hospital and attended the site four times a year. The paediatric lead nurse was available to call if concerns arose and nurses knew who they needed to contact. Since inspection we were informed from the end of July 2019 the paediatric lead nurse will be on site once every two weeks.
- Due to the paediatric lead not being present on site, there was little day to day monitoring of the service. The lack of oversight was evident in discussions with nursing staff and the concerns we found with the paediatric grab bag.
- The director of clinical services had oversight of the heads of department on site, training and competencies and the governance of the hospital. They were able to outline the process that children and young people should follow in the hospital and were aware of the incident where processes had not been followed and the changes implemented from this.
- The physiotherapy department had a more defined structure for children and young people's pathways. Responsibilities were clearly defined as there was a named lead physiotherapist who took responsibility for the care of children and young people.

Vision and strategy

The service did not have a vision for children and young people's services.

- In senior team meetings children and young people were not a stand-alone agenda item however, any incidents or complaints relating to the service were discussed at governance meetings.
- Following the inspection, we have been informed that the lead paediatric nurse will now be routinely involved in the monthly clinical governance meetings

Culture

- Staff said there was a 'family feel' to the organisation and they felt supported. Many of them had worked at the hospital for a long time.
- There was evidence, discussed earlier, of answering and resolving complaints and using that learning to improve patient pathways in the future.
- Since inspection we have been provided with the physiotherapy department clinical governance minutes that show discussion about children and young people's services.

Governance

The children and young people's service was lacking an effective governance process, with members of staff unable to locate protocols immediately. The hospital did not routinely discuss the service at key meetings.

- Young people undergoing procedures as day case were on the adult pathway and staff followed all adult policies.
- Hospital governance and Medical Advisory Committee (MAC) meeting agendas made no reference to children and young people's services. The only specific instance of services being discussed in minutes provided by the hospital was in a MAC meeting following an incident and doctors were asking for clarification on the assessment criteria. At the time of inspection this had been rectified and clarification given.

Managing risks, issues and performance

- The hospital had a risk register. There were no direct issues relating to children and young people on the register, although we found some concerns during the inspection.

Managing information

The service did not demonstrate reliable data collection and analytics with regards to children and young people.

- During the inspection we were informed of three children aged below three years old who had been treated in the hospital in the last year which was not in line with their policy or statement of purpose. A statement of purpose lays out the broad types of services a healthcare institution will offer. When managers were asked about this they were either unaware of the data or were unable to answer how it had happened and believed it could have been misinformation provided to us.
- The service initially provided us with incorrect data regarding the number of young people who had undergone surgery between 1st March 2018 to 1st February 2019. This raised concerns about the reliability

of the data for the service. When asked, the service was able to give accurate information about surgical patients and was launching an investigation as to how this data had been collated.

Engagement

- The hospital collaborated with partner organisations to help improve services for patients. The hospital engaged with partner hospitals to share the lead paediatric nurse based at another BMI hospital.

Learning, continuous improvement and innovation

There was evidence of learning from when things had gone wrong.

- Managers were able to provide evidence from an incident where there was a near miss with a patient nearly being treated before being appropriately pre-assessed. The procedure was cancelled and moved to another hospital with appropriate support. Since this incident the young person pre-assessment pathway has been clarified to consultants and documentation of proposed treatment has been standardised.

Good

Outpatients

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

The outpatient department (OPD) is located on the first floor of the main hospital complex and comprises 12 consulting rooms and a treatment room. Two of the consulting rooms are designated and specially equipped for dealing with eye (Ophthalmic) disease and ear, nose and throat (ENT) conditions.

The department is responsible for a phlebotomy (blood testing) service and surgical pre-assessment clinic, which occupy adjoining rooms. The hospital pharmacy and a GP service are also located on the same floor and share waiting areas with OPD. The GP service is operated by another registered provider and is not included in this inspection.

Diagnostic imaging services are based on the ground floor of the hospital and includes MRI, CT, Digital Mammography and Ultrasound. This service is operated by another registered provider and is not included in our inspection.

There is a separate outpatient physiotherapy department consisting of a gym, a studio and five physiotherapy consulting rooms.

The OPD hold clinics every week for adults and children, in a wide range of specialities. Of the 24 specialisms offered, the five with the largest percentage of patients are general surgery, orthopaedics, ophthalmology, ENT and gastroenterology.

This report focusses on outpatient services for adults. Our report on services for children and young people is shown in a separate section. During the inspection, we spoke with 14 staff including a consultant, manager, registered nurses, physiotherapists, pharmacists, hospital engineer, health care assistants, phlebotomy and administrative staff. We spoke with six patients and one relative. In addition, we reviewed policy and procedure documents and 10 sets of patient records.

Activity (March 2018 to February 2019)

- There were 32,000 attendances in the reporting period; of these 84% were funded through medical insurance or privately and 16% were NHS-funded.

Are outpatients services safe?

Good

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

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff completed mandatory training using a combination of online learning and practical skills sessions.

- Online training utilised computer software was provided by BMI Healthcare, who also stipulated the topics to be covered each year. These included basic or intermediate life support skills training, infection prevention and control, information governance, safeguarding (adults and children), fire safety and manual handling. Duty of Candour, documentation and other legal aspects topics were integral parts of the information governance module.
- We were shown data that indicated outpatient department staff had achieved 100% compliance. The

outpatient manager explained that compliance status was reported to the monthly head of department meeting and benchmarked with other BMI hospitals as a key performance target.
- We saw training status displayed on a large 'dashboard' sited in the staff corridor leading to the canteen. This location was used for the daily briefing and meant that managers and any passing staff could easily check departmental performance. In addition, the hospital employed a clinical educator who coordinated training and maintained oversight of individual training status.
- Staff we spoke with were positive about the training provided and were confident they would be supported to attend additional training if requested.

Safeguarding

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

- Patients we spoke with said they felt safe and were always treated respectfully by staff.
- Both adult and child safeguarding training was provided and we saw that outpatient nurses and physiotherapists were trained to level two and key clinical staff at the hospital trained to level three. Safeguarding roles and training were aligned with BMI healthcare policy and national guidance contained in the 'Safeguarding Children and young people: roles and competencies for healthcare staff, published by the Royal College of Paediatrics and Child Health in 2014.
- Staff we spoke with demonstrated a good awareness of what to do if they had safeguarding concerns and who to contact should they require advice. Staff correctly named the director of clinical services as the lead for safeguarding at the hospital. We saw laminated posters displayed in the department showing 'flow chart' prompts on how to report any safeguarding concerns. These were up to date and clearly described key individuals at local and corporate level and included their contact details.
- Outpatient staff could not recall any recent safeguarding concerns. We were told that last year, one patient attending an appointment disclosed that a child was left at home alone. Staff described the reporting steps taken, which resulted in the case being referred to the police.
- Female genital mutilation and child sexual exploitation awareness were incorporated into safeguarding training which was delivered as part of the statutory and mandatory training programme as well as in induction courses for new staff.
- The service had a well-defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. This included a disclosure and barring service (DBS) check every two years, photo-ID confirmation, occupational health clearance, references and qualification and professional registration check.

Cleanliness, infection control and hygiene

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

- Since our last inspection, the hospital had commenced a programme of replacing the handwashing sinks to a version fully compliant with department of health guidance (HBN 00-10 Part C 'sanitary assemblies' and Health Building Note 00-09 'infection control in the built environment'). We saw examples of the new sinks installed and the outpatient manager identified the ones in the department still to be upgraded.
- In addition, carpeted flooring throughout the department had been replaced by a seamless floor covering which complied with department of health 'Health Building Note 00-10 Part A - Flooring'.
- We checked a variety of consulting, therapy and exercise rooms along with utility and store areas. Overall, all departments we visited had achieved a high standard of cleanliness and hygiene. Rooms and store areas were tidy and free from clutter.
- In therapy rooms and equipment stores, wide use was made of 'I am clean' stickers. These showed the date and time the article was cleaned along with the name of the person who cleaned it. We saw these details had been completed in all cases, which meant staff could quickly identify items that were ready for use.
- Chairs in waiting areas, consultation and examination rooms were covered with 'easy-clean' fabric, which complied with guidance on Health Building Note 00-09 'infection control in the built environment' (Section 3.133).

- Domestic staff cleaned the outpatient and physiotherapy departments daily and we saw completed checklists indicating that rooms and toilets had been cleaned. Outpatient and physiotherapy staff had the responsibility for ensuring that each consulting or therapy room was clean and prepared for use. They completed a daily cleanliness checklist and ensured each room was correctly stocked. These forms were collated and audited by the department manager.
- We saw disposable curtains in use throughout the department and these were marked with the date changed. This complied with Health Building Note 00-09 'infection control in the built environment' and indicted that staff routinely changed curtains to help reduce the chances of germs passing from one person or object to another.
- The hospital's hand decontamination policy was current and described when staff should wash their hands. We saw staff in outpatient following the policy and adhering to the World Health Organisation's 'Five moments for hand hygiene'. Antimicrobial hand-gel dispensers were placed at reception desks or mounted on walls at strategic points in the department. These contained gel and we observed staff using the product as they moved around outpatients.
- All medical and clinical staff we observed during the inspection were 'bare below the elbows' in accordance with good practice standards such as those shown in national institute of health and care excellence (NICE) clinical guideline 139.
- We saw ample supplies of personal protective equipment such as aprons and gloves in dispensers on walls and we saw these items being used. Gloves were readily available in wall mounted storage bins. The bins were divided into the full range of sizes. This meant staff had convenient access to correctly fitting gloves, which consequently reduced the chance of accidental tearing.
- Fluid spillage kits were also readily available.
- Sharps boxes were managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). Clearly marked and secure containers were placed in each consulting room and other areas where medical sharps were used. Instructions for staff on the safe disposal of sharps were displayed on the walls above the bins.
- The hospital had introduced 'reusable' sharps containers, which reduced the environmental impact associated with single-use plastic containers. outpatient staff expressed pride in this innovation and demonstrated their safe use and features.
- Waste in the clinic rooms was separated and placed in different coloured bags to identify the various categories of waste. Portering staff removed the clinical waste at the end of clinic and placed them in bulk storage bins. We saw that waste was correctly separated and kept in locked and labelled bulk storage bins, on the hospital premises until collected. This complied with department of health 'Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations'.
- Our observations were supported by local audit scores and the 2018 patient-led assessment of the care environment survey. This showed the trust scored 99.9%, for cleanliness, which was better than the England average of 98.5%.

Environment and equipment

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

- The outpatient and physiotherapy environments we observed supported the safe delivery of diagnosis, treatment and therapy. For example, consultation rooms were well lit, air-conditioned and equipped with sufficient stocks of sterile consumables held in purpose-built trolleys.
- Corridors, rooms and toilets were spacious with doors wide enough to accommodate people using wheelchairs. Entryways to the hospital had dropped kerbs to assist wheelchair users or those with limited mobility reach the building. The entrance to the physiotherapy building utilised a low-incline, non-slip ramp with handrails. Lift access was provided to the first floor of the hospital. Disabled parking spaces and a 'drop off' bay were sited close to the main entrance and doors were automated, again assisting people living with less mobility.
- Each consultation or therapy room had a call button module fitted next to the clinician's desk. Two differently coloured and shaped buttons were provided: one was an emergency assistance alarm and the other to summon a nurse or reception colleague to assist with

chaperoning or another task. The system included an audible alert, a display screen at the reception station and signal lights in the corridor. These gave an 'at a glance' indication of the area and room where the call was made. These features helped to ensure that colleagues could provide rapid assistance when needed. In addition, emergency alerts automatically activated pagers carried by the residential medical officer and senior clinical staff. These displayed the location of the area where the emergency alarm had been activated so they could also render aid.

- Purpose-made emergency trolleys were sited in both the outpatient and physiotherapy departments. These included portable oxygen, suction, defibrillator and medication along with laminated prompt sheets and equipment checklist. The trolley in outpatient contained resuscitation items designed for use with adults and the physiotherapy department had equipment bags for both adults and children.
- These were stocked and checked daily on log sheets, which were collected by managers and audited monthly. Every device we checked functioned correctly and each consumable item was 'in date', which was consistent with the logs maintained by outpatient staff. This indicated that department staff had an active focus on ensuring these items were ready for immediate use should an emergency occur.
- In outpatients, clear signage was provided to show the location of the trolley if it was moved away from the normal charging point. The department sister explained that the trolley had, on occasion been wheeled closer to a diagnostic room as part of routine risk mitigation.
- Patient examination couches, furniture and equipment were labelled with asset numbers and service or calibration dates. This helped to provide assurance that items were controlled and maintained in accordance with manufacturer recommendations and policy guidelines. We saw equipment logs maintained by the hospital engineer that helped senior managers keep oversight of the servicing and repair status of each item.
- Staff told us that the medical equipment was well maintained and none cited any problems in obtaining sufficient items for use. The store areas we visited appeared clean and well-organised, with plentiful shelving and items clearly labelled.
- Overall, the facilities we saw were kept in good decorative order. We saw clear direction signs and information posters as well as room identification signs. The name of the consultant using the room could be easily changed and the door sign also showed 'free' or busy', which helped ensure patient privacy and dignity could be maintained.
- A routine fire alarm test was conducted during our inspection. Fire safety and evacuation equipment was available throughout the department and we saw evidence that an external specialist contractor had completed fire equipment safety checks.
- Safety signage and an interlock was fitted to the door of the ophthalmology room where diagnostic laser procedures took place. This helped to keep staff and patients safe by deterring people from entering when procedures were underway.
- A Laser Protection Officer from a local NHS trust oversaw the safe working of the Laser equipment in the department, with a dedicated nurse from outpatient as liaison.
- The 2018 patient led assessment of the care environment survey showed the trust scored 93%, for condition, appearance and maintenance, which was just less than the England average of 94%. Managers acknowledged the challenges of the hospital construction, which was originally four large houses. Funding had been approved for upgrades to the flooring, both lifts and other aspects of the building such as the access ramp to the physiotherapy department. Managers explained that a planned 'rolling refurbishment' programme was in place.

Assessing and responding to patient risk

Outpatient staff acted to minimise patient risk and quickly acted upon patients at risk of deterioration. Immediate or emergency assistance could be summoned by the use of the alarms fitted to each room and toilet.

- Medical assistance was provided by the resident medical officer (RMO) and the patient's consultant.
- Nursing staff told us they had good support from the RMO or consultant and senior clinicians whenever a patient's deterioration was observed.
- There were clear and known protocols in place for the transfer of patients to the local NHS accident and emergency facility by ambulance.
- An orthopaedic consultant explained that he was easily able to refer any patients to other specialists at the

hospital, including a consultant physician who lived locally and conducted twice weekly sessions at the hospital. This meant he could quickly access advice for any patients he was concerned about.
- Less urgent referrals could also be made to the in-house GP service or the patient's own GP.
- Nursing staff gave us examples of diagnostic clinics where potential risks were identified and the changes made to mitigate these. This included pre-positioning emergency equipment and ensuring a trained staff member remained with the patient.

Nurse staffing

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

- The outpatient clinics were staffed by registered nurses and health care assistants (HCA). The physiotherapy department comprised of receptionist, manager and physiotherapists operating an appointment system and rehabilitation classes.
- Nursing cover was calculated dependent on the number of clinics running and the numbers of patients attending clinic as well as other factors such as procedure support and chaperoning. There was always a minimum of two qualified nurses on duty. HCAs assisted in clinics.
- The sister completed staffing rotas four weeks in advance and there was a mix of early and late shifts, in response to planned clinics.
- According to data supplied by the hospital, outpatients had no unfilled shifts during the last three months. Managers stated that when agency staff were required they tried to utilise identified individuals and block bookings to ensure continuity. We met an agency phlebotomist and saw that the supervisor had completed an induction checklist for this individual.
- We observed two of the daily "comm cell" briefing sessions conducted by the executive director, where staffing status was discussed with the senior team and resources allocated or moved as needed. We saw that this was a standing item on the meeting agenda.
- The outpatient manager explained that she was away from the department on secondment to a sister hospital. To bridge the gap the senior management team had recently promoted a registered nurse into a sisters' post.

Medical staffing

Outpatient clinics were timetabled to suit each specialist's availability and obligation as part of the consultant's practicing privileges contract. Every clinic was run by a consultant who saw each patient on their appointment list.

- Consultants in clinic could be assisted by the RMO in cases where urgent or additional medical support was required.
- Outpatient staff told us if a consultant had to cancel a clinic due to unforeseen circumstances then they (or administration office staff) would telephone patients to inform them and either re-arrange the appointment or offer an alternative consultant.
- Patients we spoke with said they had been able to get an appointment with their chosen consultant and with minimal delay.
- The executive director and chair of the hospital's medical advisory committee (MAC) managed practicing privileges and contracts for consultants.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely, tracked and easily available to all staff providing care. In the patient notes we reviewed we saw a satisfactory standard of record keeping. The records contained required information such as admission details, progress notes and consent to treatment.

- Managers stated that the hospital had a dedicated medical records department with responsibility for filing, storing and maintaining the medical record for each patient treated. Files were prepared in advance of outpatient clinics using appointment lists generated by an electronic patient administration system. Staff showed us that NHS and private patient notes were managed in the same way.
- Once the patient was discharged, the medical records department was also responsible for scanning the files

onto a secure electronic database for archiving. Authorised outpatient staff were able to access the database and print archived medical records if requested by a consultant, even during a clinic.

- In outpatients, we saw file cabinets located in an alcove away from public areas of the department. All cabinets were kept locked and clearly labelled with coloured signs showing clinic days. Staff operated a rolling file system which helped nursing and medical records staff allocate files into the correct cabinet for patients due to attend and patients who had been seen that day.
- The hospital supplied information that showed in the last three months, no patients were seen in outpatients without all relevant medical records being available. Staff confirmed these figures when we spoke to them.
- Physiotherapy patient notes were recorded and stored separately from the patients' main file. Managers explained that a pilot project was underway to amalgamate these records.
- Outpatient staff collated test results and included them in the medical record prior to the patient attending clinic. We saw that histology results were received in paper form and blood results using a secure network printer. Diagnostic images and reports were provided directly to the consultant a computer service that could be securely accessed from the clinic, another BMI hospital, or other authorised terminals.
- Patient notes were retained by the hospital. Completion of accurate and contemporaneous medical records formed part of the practicing privileges agreement for all consultants. Consultants were registered as data controllers and any breaches in information security were reported to the senior managers at to corporate level.

Medicines

Outpatients, supported by the hospital pharmacy, used effective systems and processes to safely prescribe, administer, record and store medicines. The department did not hold any controlled drugs.

- Medicines were stored in a designated room with doors secured by mechanical code locks. Within the room, the medicines were stored in a locked cupboard that was accessed by keys held by the registered nurse in charge. This was in line with standards for good medicines management and helped to prevent unauthorised access to medicines.
- Medicines requiring refrigeration were stored in locked fridges. We saw the temperature of medicine fridges was monitored daily and the fridge temperature remained within range. Ambient temperature of the room was also checked and recorded. Records were submitted to pharmacy each month for auditing and archival. These measures provided assurance that medication was stored within the manufacturer's recommended temperature range to maintain their function and safety.
- Flammable medicines were kept in a lockable fireproof cabinet.
- Emergency medicines were available on resuscitation trolleys which were secure, sealed and checked regularly.
- Stock medicines were removed from the cupboards at the start of clinic and placed in locked consultation rooms. During clinic, any stock kept in the consultation room was the responsibility of the consultant.
- Outpatients held two types of prescription forms for prescribers to use: private prescription pads printed by the BMI group and NHS FP 10 prescriptions. Both types had numbered pages and were held in labelled pouches containing an 'issue and receipt' record. Each pouch was numbered to correspond with a consultation room.
- The nurse in charge kept the pouches in a locked cupboard. Each prescription had a serial number on it. The nurse in charge gave a pouch to each consultant at the start of clinic, who kept the pad with them. The pads were then checked and stored in a locked room at the end of clinic. Issue and receipt records were submitted to pharmacy each month for auditing and archival. These measures helped to reduce the chance of prescription forms being lost or stolen.
- Consultants wrote prescriptions at the time of the patient's visit and these could be dispensed from the hospital pharmacy which was conveniently located next to outpatients.
- We saw copies of the British National Formulary (BNF) Issue 77 in pharmacy and outpatient. This was the latest edition in print. The BNF is updated in book form twice a year and details all medicines that are prescribed in the UK, with information about indications and dosages, contraindications, cautions and side effects. This indicted that an effective level of support was provided to the consultant in clinic. In addition, electronic versions of the BNF and hospital formularies were available and we saw computer terminals in each consulting room.

- Medicine related alerts and recalls were communicated via email to the nurse in charge. The pharmacy staff also delivered a paper copy, and these were cascaded to all prescribers.
- There was good clinical pharmacy support and the pharmacist and the nurse in charge jointly managed medicine stock levels.
- The pharmacy was open Monday to Friday 8 am to 5 pm. There is one clinical pharmacist and one assistant or pharmacy technician available during opening hours. The RMO and senior nurse on duty had out of hours access to the pharmacy and we saw the arrangements in place to allow secure access and recordkeeping of any medication dispensed.
- The hospital stored medical gases safely. Within outpatient and physiotherapy departments, we saw 'in date' cylinders of oxygen securely stored in holders. Regulators appeared clean and the cylinders were ready for immediate use. In the hospital engineering section, we saw bulk cylinders stored in purpose-built rooms. The medical gas cylinder storage rooms were compliant with department of health 'Technical Memorandum 02-0'. Additional cylinders were chained and locked to an external wall, but the valves had plastic covers and appeared to be dust and oil free. Overall, this indicated the hospital followed 'the code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)' from the British Compressed Gases Association.

Incidents

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

- In the reporting period, the department logged 68 clinical incidents and no non-clinical incidents. We did not identify any common themes from the incidents, and all involved different clinical specialities. The rate of clinical incidents per 100 attendances was 0.2% which was lower than other independent hospitals we hold records for.
- Outpatients reported no serious incidents or never events. Never events are serious, preventable patient safety incidents that should not occur if healthcare providers implemented existing national guidance or safety recommendations. Providers are obliged to report never events for any patient receiving NHS-funded care. The occurrence of never events can highlight potential weaknesses in how an organisation manages fundamental safety processes.
- Staff reported incidents using a commercial software package linked to the corporate intranet. Outpatient staff we spoke with confirmed they had received training and felt confident about using the system.
- Managers understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.
- The software would not allow an incident to be 'closed' until the duty of candour section of the file was completed. This facility gave senior managers assurance that duty of candour was being followed by those dealing with the incident report.
- Staff could describe how learning from incidents took place at local, regional and national (corporate) level. Governance meeting minutes and team meeting records we saw confirmed there was dissemination of learning. We reviewed three investigation reports and saw evidence of learning from that was shared across the hospital through emails and team meetings.
- In addition, we observed a daily 'Comm Cell' meeting led by the duty manager. Every department was represented and as part of the standing agenda, we heard the team discuss recent incidents or complaints and share learning points. Managers stated that an updated spreadsheet showings actions and an image of the comms display board was emailed to all staff after the meeting.

Safety Thermometer (or equivalent)

The service used monitoring results to improve safety. Staff collected safety information and shared it with staff and patients. The safety thermometer is used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care.

Good

Outpatients

- We observed safety performance charts included in the 'Com Cell' display. These showed current safety thermometer information about key indicators such as falls and staffing levels.
- Safety performance was reported monthly to the BMI group. During the reporting period, date provided by the hospital showed the service was 100% harm free.
- We did not see safety information displayed in outpatients or physiotherapy departments. This information was, however, available in annual reporting published on the BMI healthcare website for prospective patients to view.

Are outpatients services effective?

We **do not rate** effective in outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Both departments followed BMI corporate and national guidance. Managers checked to make sure staff followed guidance. New and updated guidance was evaluated and shared with staff.

- Clinical and therapy staff could access national and corporate guidelines through the BMI group intranet. There were sufficient computer terminals provided to do this and we saw staff and a consultant using the resources.
- BMI used standardised care pathways based on current best practice and National Institute for Health and Care Excellence guidance (NICE). The hospital routinely reviewed the effectiveness of care and treatment by using performance dashboards as well as local audits. These were benchmarked against the results of other hospitals in the group as well as national indicators.
- Audits included environmental, handwashing and infection control checks were routinely performed and the results of these were shared among staff. We observed examples of the results shared on staff notice boards and the 'Com Cell' display.

Nutrition and hydration

- During our inspection, we saw outpatient staff offering tea or coffee to patients.

Pain relief

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

- Staff described a pain assessment tool where patients were asked to score discomfort based on a range from 0-10, however we did not observe any instances in clinic where patients complained of pain. The use of a pain scoring system allowed staff to give appropriate medication or support with alternative pain management techniques and review the effectiveness of the intervention.
- Staff said they had used pictogram assessment aids in the past. These are aids designed to help people with limited language abilities describe their level of discomfort.
- Outpatient's kept a stock of pain-relieving medication, such as paracetamol. Should stronger medication be required, the patient was referred to their own GP or the in-house service. In more urgent cases, the consultant in clinic or RMO could write a prescription is stronger pain relief was required.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements. The hospital measured performance using a variety of clinical and business indicators which enabled the senior management team to benchmark performance against other hospitals in the BMI group.

- These included an internal audit programme and participation in initiatives such as the national joint register and the private healthcare information network (PHIN).
- The hospital also used a propriety computerised reporting system to provide data on patients who required readmission, transfer to another hospital, unplanned return to theatre, infections, incidents relating to a thrombolytic event or other significant events.
- Staff told us that diagnostic test results, including diagnostic imaging, were available promptly.

Competent staff

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

- All new staff had an induction package, which included core competencies and knowledge that was signed off by their line manager. We saw examples of these during our visit.
- Staff confirmed hospital data showing that 100% had received an appraisal in the past year. Regular appraisal allowed the hospital to identify and monitor staff performance and personal development.
- There was a robust performance management system in place, in line with BMI group policy.
- There were processes in place for confirmation or practicing privileges. Consultants were offered privileges by the executive director and medical advisory committee only after hospital had received the necessary assurance documentation.
- All appraisals were shared with the NHS trust in which a consultant worked. Where the executive director provided information for NHS appraisals, they routinely looked at data relating to that particular surgeon's practice such as surgical site infections, complaints and mortality or morbidity.
- The trust had recruitment policies and procedures together with job descriptions for all grades of staff. Managers described how the trust completed recruitment checks to ensure new staff were experienced, qualified, competent and suitable for their role. All new employees undertook trust and local induction with additional support and training when required.
- We saw electronic systems that assisted managers monitor the status of staff requiring validation and continuing registration with professional bodies. Registered nurses we spoke with told us the trust supported them in preparing for revalidation, which is a process all nurses and midwives must complete to renew their registration.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked closely together as a team to benefit patients. They supported each other to provide safe care. We saw effective multi-disciplinary working between all professions and grades of staff.

- There was evidence of close collaboration between departments such as pharmacy and engineering. We also observed examples of respectful and positive working relations between consultants, nursing and phlebotomy staff, physiotherapists, pharmacy and administrators.
- People we spoke with consistently praised the "family feel" of outpatients and we heard positive feedback from staff of all grades about the excellent teamwork within the hospital.
- At meetings such as the 'Com Cell' briefing, we saw proactive engagement between all members of the multidisciplinary team. These meetings were well organised and attended by representatives from clinical and operational departments.
- BMI hospitals were organised into 'hubs' and we also saw examples of multidisciplinary teamwork between sites. For example, the outpatient manager had been seconded to another hospital on a developmental task and we saw staff at various grades providing leave cover.

Seven-day services

Although key services at the hospital were available seven days a week, outpatients and physiotherapy departments operated six days a week during daytime hours.

- Outpatients was open from 8 am to 8 pm Monday to Friday and from 8 am to 12 pm on Saturday. Managers explained that arrangements could be made to extend Saturday hours, if for example a consultant had a large number of appointments.
- Physiotherapy was open from 8 am to 8 pm Monday to Thursday; 8 am to 5 pm on Friday and from 8.30 am to 1 pm on Saturday.

Health promotion

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

- We saw a variety of information and advice leaflets on display in outpatients and physiotherapy. These were contained in wall-mounted or desk-top racks sited in waiting areas and consultation rooms and included advice on topics such as smoking cessation and alcohol dependency.
- The physiotherapy department provided a range of classes open to patients and the general public. These included pilates, yoga for lower back pain, 'joint school', back to the gym sessions and ski fit classes.

- The physiotherapy manager explained that these courses had proved popular, with the pilates class "being oversubscribed". The team also worked local sports clubs and schools in the locality.

Consent, mental capacity act and deprivation of liberty safeguards

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

- Clinical staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff could describe their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- These aspects were included in mandatory training modules for 'documentation and legal aspects' and duty of candour. According to data provided by the hospital 97% of staff had completed the former topic and 98.3% the latter. This exceeded corporate targets of 95%
- We reviewed a sample of patient guides on display in outpatients and found these contained clear explanations about the services offered, what to expect, record keeping and data protection. These details helped patients to make informed decisions about their treatment.
- We saw, and patients told us that verbal consent was always sought prior to carrying out a task such as taking blood or a applying a dressing.
- During our visit, the physiotherapist running a rehabilitation class made sure she had verbal consent from class participants before we commenced our observation.

Major incident awareness and training

Outpatient staff described participating in medical emergency simulations such as fire drills and a collapsed patient. Staff reported the learning experience in positive terms.

- The hospital had a back-up generator in the engineering compound which was tested weekly and we saw records showing this. The hospital engineer stated that the generator was capable of powering all electrical services for the hospital. This meant staff could continue to provide full care and facilities to patients should a power interruption occur.

Are outpatients services caring?

Good

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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed staff introducing themselves by name and addressing the patients in a respectful and dignified manner.

- All staff wore name badges that clearly showed their name and role. This indicated the hospital actively considered ways to inform patients and relatives about who was providing care and whom they could seek advice from.
- Consulting and therapy room doors were kept closed, and staff knocked before entering rooms to maintain patients' privacy. Consultants conducted appointments in private clinic rooms with the doors closed, with obvious signs on the door indicating the name of the consultant, and whether the room was in use.
- Patients and relatives commented very positively about the care provided to them by the staff.
- We saw 'thank you' cards on display in outpatients and physiotherapy that included comments about staff helpfulness and kindness. Managers stated that the feedback helped to encourage and inform staff about the value of their work.
- A patient told us that staff and their consultant had the time to explain things in detail and allowed time for any questions. Patients reported feeling part of the decision-making about their treatment and care.
- We saw posters displayed in waiting areas and each consulting room informing patients of their right to request a chaperone for any consultation, examination

or treatment. Staff told us they offered patients a chaperone before any intimate examination or procedure and were able to anticipate requests based on the clinic schedule.

- In outpatients we saw a comment card system for patients to feedback about their experience in the department. Managers stated this was part of patient experience surveys conducted for BMI healthcare by an independent company. The results are collated, and a monthly report provided to the hospital, which were cascaded to department teams. The monthly report showed patient response rates, rating within categories and benchmarking against other BMI hospitals.
- Managers explained that the results of the patient survey were discussed at bi-monthly patient satisfaction meetings and actions logged for implementation. Patient representatives were invited to attend this forum.
- The hospital participated in the 'friends and family test' (FFT), which asks people if they would recommend the services they have used. The FFT provides a mechanism to highlight both good and poor patient experience. According to date supplied by the hospital, the average score over the last three months was 97%. Response rates averaged 30% and the hospital was working to improve this figure. In outpatients, administrative staff from the booking office visited patients in the waiting rooms to encourage them to fill out cards before they left the department.

Emotional support

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

- Patients told us that staff and consultants working in the outpatient clinics were approachable and "had the time to explain everything". Information such as side effects of medicine were also made clear.
- We saw relatives being invited to accompany patients into consultation rooms, which indicated that the hospital encouraged a friend or partner to attend the appointment in order to provide emotional support.

Understanding and involvement of patients and those close to them

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

- We saw staff photographs and names displayed in the main foyer.
- In each waiting area and at reception desks we saw signs advising patients about the fees charged and who to ask for further information. The wall posters included clear advice about ancillary charges such as blood tests and the displays at reception desks showed the prices for splints and other used consumable items.
- During the group exercise class we saw the physiotherapist answering questions and supporting the patients with information and advice.

Are outpatients services responsive?

Good

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

Service delivery to meet the needs of local people

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

- A wide range of outpatient services were available to meet the needs of the client group. Private and NHS patients did not experience long wait times to see their chosen consultant.
- The environment provided was appropriate and patient centred, with comfortable and sufficient seating, toilet and refreshment facilities.
- Evening and Saturday outpatient clinics were routinely offered, which afforded additional choice and convenience to patients and particularly those that worked or had childcare commitments during the week.
- Outpatient clinics were supported by diagnostic services on site. These were operated by another provider. and included Magnetic Resonance Imaging (MRI) scans, x-ray, Computerised Tomography (CT) scans and ultrasound scans. These facilities were available to NHS and private patients and were open at the same times as outpatient and physiotherapy departments.

Good

Outpatients

Meeting people's individual needs

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

- Free car parking was provided on-site for the convenience of visitors. The consultation and therapy clinics we visited were in buildings that were wheelchair accessible and suitable for use by people with limited mobility. The hospital had dropped curbs or access ramps at entrances and automatic doors to help make entering the building easier. Corridors, lifts, clinic rooms and toilets were spacious with doors wide enough to fit wheelchairs.
- Free Wi-Fi was provided for patients and visitors and the outpatient department had hearing loops installed to help improve the way hearing aids worked for people who used them.
- We saw arrangements in place to provide food and drink for patients who were in the department.
- Each waiting area included beverage making facilities for tea, coffee and cool water along with a variety of individually wrapped biscuits. The beverage stations were attended at regular intervals by catering staff who replenished supplies and crockery.
- Managers explained that should a clinic overrun unexpectedly, staff were able to order a snack from the caterers for any patients having to wait for an extended time in the department.
- On the first day of our inspection, we saw two catering team staff delivering freshly made cakes and fruit snacks to their outpatient colleagues. They explained this was a weekly gesture of appreciation from the catering department.
- In addition to local facilities, BMI Healthcare offered patients 'live support' on the BMI website. This is an online chat facility using a secure connection. Patients can also request information at any time using website facilities.
- Interpreting services were provided through a contract service and outpatient staff told us they were normally made aware of whether English was not a patient's first language in the patient's referral letter and would plan accordingly.
- Similarly, if a patient was identified as having needs associated with dementia or learning difficulties, then they would work with a relative or carer to ensure the patient was comfortable during visits to the department.
- Evening and Saturday outpatient clinics were routinely offered, which afforded additional choice and convenience to patients and particularly those that worked or had childcare commitments during the week.

Access and flow

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

- GPs referred the majority of new patients attending the department. We were told that physiotherapy and referrals from other registered practitioners were also accepted by insurers.
- All the patients we spoke to told us they were happy with the length of time they had waited to be seen following referral and had been offered times convenient to them. The hospital exceeded the target of 92% for NHS patients beginning treatment within 18 weeks of referral for each month in the reporting period.
- Follow up appointments were arranged according to the request of consultants and the needs of patients.
- The imaging department used picture archiving and communication system (PACS) technology. This enabled the hospital to quickly store, retrieve, distribute and view high-quality medical images. For example, the department was able to share images with radiologists at the local NHS hospital, if the need arose.

Learning from complaints and concerns

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

- The hospital received 62 complaints between April 2018 and March 2019. Staff at all levels described an open and honest culture and a willingness to accept responsibility for any shortcomings.

Good

Outpatients

- All written complaints were acknowledged within two days of receipt. The timescale for a response was 20 days or, where it was a complex situation requiring longer time to investigate, a holding letter was sent.
- The provider met their own timescales.
- There was a robust system in place for capturing learning from complaints and incidents. This was done in a variety of ways, including the daily 'Comms Cell' departmental briefing, weekly senior management meetings and monthly clinical governance meetings.
- Any complaints attributable to individuals or teams were recorded onto the electronic complaints reporting system and shared with the individuals appropriately. Where complaints involved clinical care, the consultant responsible for the patients' care was contacted and involved in the investigation.
- All complaints were reported to the provider via the regional reporting structure. This enabled BMI Healthcare hospitals to learn from complaints within the group.

Are outpatients services well-led?

Good

Our rating of well-led stayed the same. We rated it as **good.**

Leadership

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

- We saw good examples of local leadership in outpatients, physiotherapy and other departments we visited such as pharmacy. Staff we spoke with said they felt well supported, valued and that that their opinions counted.
- The outpatient manager had been seconded to another hospital on a development task, which had prompted the senior management team into appointing a deputy lead. One of the outpatient nurses had just been promoted into post and was establishing early priorities for her new role.
- Outpatient staff agreed that senior managers were highly visible and frequently visited the department. They said they felt free to raise any issues with them direct or through their line manager.

Vision and strategy

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

- As part of the BMI group, the hospital shared the corporate vision" Serious about health. Passionate about care" and strategy "to offer the best patient experience and best outcomes in the most cost-effective way".
- The hospital had an operational plan to align with the company and had eight strategic priorities: being people, patients, communication, growth, governance, efficiency, facilities and information.
- Outpatient managers and staff were clear about the vision of the organisation and committed to working towards achieving the goals.

Culture

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

- Staff said that they enjoyed coming to work and that they were passionate about the care they gave to patients. They spoke in positive terms about multidisciplinary team working in order to provide high quality care and understood the hospital structure and who to contact if they had any questions or concerns.
- We saw that the senior management team were visible and approachable. All reported that either the executive director and director of clinical services would visit the department daily and engage with staff.
- Staff told us they felt confident to share ideas and to highlight any concerns, incidents, or errors and learn from the subsequent investigations.
- The requirements related to duty of candour were met through the processes for investigating incidents and reviewing and responding to complaints. Staff were able to tell us how important it was to be open and honest with people when things went wrong.

Good

Outpatients

Governance

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

- We reviewed the minutes of meetings, which demonstrated that regular team and management meetings took place. The minutes documented how information on incidents and complaints were investigated and any learning shared and good practice promoted.
- The hospital had a risk register and managers updated this accordingly. The outpatient's manager was aware of their department's risks, and they were correctly recorded on the hospitals risk register.
- Managers knew they were responsible for performance of their departments and received regular feedback from the senior management team.
- A Laser Protection Officer from a local NHS foundation trust oversaw safety in the OPD. Staff told us they always were available for advice.

Managing risks, issues and performance

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

- The hospital had a risk register and managers updated this accordingly. The outpatient's manager was aware of their department's risks, and they were correctly recorded on the hospitals risk register.
- There were good structures for reporting against the governance framework in place for all BMI Healthcare hospitals with regional and national benchmarking against other BMI Healthcare hospitals.
- The provider had an electronic incident reporting system that fully linked complaints, incidents and risk reporting.
- The safety records were monitored monthly by the senior management team. Lessons learned were discussed and disseminated across the organisation.
- There were clear lines of accountability and responsibility with explicit and effective information flow pathways.
- The hospital participated in the BMI group audit programme. Incidents, near misses and complaints are also monitored and analysed to help identify improvements. Lessons learned were cascaded to all staff through regular briefings, team meetings and a monthly hospital bulletin, which included announcements about NICE guidance or equipment safety alerts.

Managing information

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

- Service performance measures were monitored by senior management at the hospital and BMI group. These included data and notifications that required submission to external bodies such as NHS commissioners and regulators.
- Information technology systems were widely used to monitor and improve the quality of care. Staff had ample access to intranet resources which included BMI group policies, procedures, training and personal records.

Engagement

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

- At all levels, the staff we spoke to expressed pride in their teams and the services they provided. Staff said that they enjoyed coming to work and that they were passionate about the care they gave to patients.
- We saw daily briefings led by the executive director that were used to acknowledge individual contributions, celebrate success, discuss incidents and share learning. Notes from the meeting were emailed to all staff afterwards.

Learning, continuous improvement and innovation

Good

Outpatients

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Staff told us there was good internal promotion and opportunities to undertake further training and education.

- The hospital used a corporate clinical benchmarking system which ensured the hospital regularly reviewed its clinical performance and benchmarked this against other hospitals. This helped the service work towards continuous improvement.
- The hospital had introduced patient journey meetings to aid communication, teamwork and collaboration across all departments to identify how to improve the service provided to patients. Patient satisfaction data was actively sought and acted upon to help improve services.
- BMI healthcare had recently introduced a new award that recognised long service.
- Pharmacy had responded to consultant enquiries and produced VTE and corporate medication incident monitoring, in collaborating with BMI hospitals locally and nationally.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

In medicine, the hospital should:

- Further develop the systems to monitor and improve the endoscopy service.

In surgery, the hospital should:

- Continue to develop a service level agreement (SLA) with the local NHS trust for transfers out in an emergency or if a patient's condition deteriorates.
- Continue to work to secure theatres from unauthorised access.
- Continue to support staff to achieve the hospital's mandatory training target of 90% compliance.
- Progress the work to transfer the backlog of data to the National Breast and Implant Register and move to submitting it in a timely way.