Spire Wellesley Hospital

Quality Report

Eastern Avenue
Southend-on-Sea
Essex
SS2 4XH
Tel: 01702 462944
Website: www.spirehealthcare.com/wellesley

Date of inspection visit: 19 June 2018
Date of publication: 12/09/2018

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Spire Wellesley Hospital is operated by Spire Healthcare Limited Spire Wellesley Hospital offers comprehensive private hospital care to patients from Southend-on-Sea and the rest of Essex. This includes patients with private medical insurance, those who self-pay and patients referred through NHS contracts. . Facilities include three operating theatres, a stand-alone endoscopy suite and X-ray, outpatient and diagnostic facilities.The hospital provides surgery, medical care, services for children and young people, and outpatients and diagnostic imaging. At our previous inspection of the hospital, 16 & 17 May 2016 we inspected surgery, medicine, outpatients including diagnostic imaging and services for children and young people. We rated surgery, medicine and outpatients as good and services for children and young people as inadequate. This inspection was to follow up on the specific concerns we found in children and young people's services. The hospital suspended all surgical procedures for children and young people following our last inspection. The hospital reinstated a full service for children and young people in August 2017.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 19 June 2018.

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.

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. Services for children made up a small proportion of activity at the hospital from August 2017 to May 2018, 81 surgical procedures were conducted on children and young people.

Services we rate

We rated this service as good overall.

- There were risk assessments and procedures in place to safeguard children and young people from abuse. The service had robust incident reporting systems and there was evidence of learning from incidents.
- There were measures to monitor and manage children and young people including signs of deteriorating health. We found systems in place that reflected national, professional guidance and legislation to keep people safe.
- Staffing was planned and continually monitored in accordance with the needs of the service.
- Care and treatment was planned and delivered with current evidence based guidance and standards with a holistic approach to care. Relevant audits were used to assess compliance with best practice.
- Staff were qualified and had the relevant skills for their role and were encouraged to undertake specialist training in their field of expertise. We saw that staff had received an annual appraisal and were supported in the revalidation process.
- We saw that children and young people received care from a range of staff and services, which worked in collaboration to achieve the best outcomes for their patients.
- Children and their families reported that staff were kind and compassionate when tending to their needs. Staff consistently included their patients and families in the care delivery and promoted their dignity.
- The emotional needs of the patients were embedded in the care provided. Parents were able to accompany their child to theatre and be present in recovery to give extra emotional support.
- The services were flexible to meet the needs of children and their families with processes in place to ensure continuity of care. Children had timely access to appointments and procedures, which were arranged at a convenient time for children and their parents.

Summary of findings

- The needs of individual children were taken into account when planning and delivering services. Staff had found innovative ways to use equipment as distraction to reduce anxiety.
- The hospital had a robust complaints procedure. We found that there had been no complaints about the service for children and young people from June 2017 to May 2018.
- There was strong leadership from the hospital director and department managers. The leadership team drove continuous improvement through actively seeking feedback from staff and service users.
- The hospital had a strategy to improve services for children and young people and the set objectives were being met.
- There was a clear governance structure and this demonstrated a proactive approach to managing risk and quality improvement of services.
- Staff were committed and cared about the services they provided and were supported by their managers. There were mechanisms in place to maintain staff and service user engagement. We saw that the hospital worked in close collaboration with the local NHS trust.

However, we also found the following issues that the service provider needs to improve:

- The service should make provision for a children's waiting area in the outpatients department, however the hospital had plans to develop a children's waiting area during planned refurbishment work.

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.

Heidi Smoult
Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Services for children and young people	Good 	Children and young people's services were a small proportion of hospital activity. We rated this service as good because it was safe, effective, responsive, caring and well-led.

Summary of findings

Contents

Good

Location name here

Services we looked at
Services for children and young people

Summary of this inspection

Background to Spire Wellesley Hospital

Spire Wellesley Hospital is operated by Spire Healthcare Limited. The hospital originally opened in March 1983 as part of the HCA group and subsequently became part of the BUPA group in the 1990's. In 2007 BUPA sold its hospital group to Cinven, leading to the formation of Spire Healthcare. Spire Wellesley is a private hospital in Southend-on-Sea, Essex. The hospital primarily serves the communities of South East Essex. It also accepts patient referrals from outside this area.

The Hospital offers comprehensive diagnostics and treatment to patients in Southend-on-Sea and the surrounding area. The hospital is a purpose built two-storey building which has benefitted from major refurbishment and investment in recent years, including the addition of CT and MRI scanners. A major project in 2012 saw the completion of a new sterile services department which achieved accreditation in early 2013.

In 2013 there was further investment in imaging with potential for interventional radiology, an increasing range of cardiac CT diagnostics as well as improvements to patient bedrooms and a patient lounge. Spire Wellesley is a 46-bedded independent hospital based in purpose-built premises. Services offered include acute healthcare, day care, inpatient, and outpatient care. There is a well-utilised outpatient department and the hospital provides inpatient treatment for adults and children over the age of three years. All children and young people from one to eighteen years (minimum weight 9kg) have access to non-invasive diagnostic imaging. However, children aged three to eighteen years of age have access to CT with contrast.

At the time of our inspection, a new hospital director had recently been appointed and was completing the process of registration with the CQC.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector, and a specialist advisor with expertise in paediatrics. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Why we carried out this inspection

Following our last inspection of services for children and young people on 16 & 17 May 2016, the service was rated inadequate and the hospital suspended operation and procedures for this service. The hospital reinstated a full service for children and young people in August 2017.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 19 June 2018.

Summary of this inspection

Information about Spire Wellesley Hospital

The hospital has a three-bedded area within a secure area for the care of children and young people during their admission. All the nursing staff working within the service for children and young people were registered nurses (child branch).

The hospital is registered to provide the following regulated activities:

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

During the inspection, we visited the ward, outpatients and theatres. We spoke with 11 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners and senior managers. We spoke with one patients and one relative. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected twice, and the most recent inspection took place in March 2017.

Activity (June 2017 to May 2018)

- In the reporting period June 2017 to June 2018, there were 81 inpatient and day case episodes of care for children and young people; of these 100% were privately funded.
- One overnight stay for children and young people
- There were 2,393 outpatient attendances for children and young people in the reporting period.

Thirteen surgeons, four anaesthetists and six physicians worked at the hospital under practising privileges to provide care and treatment to children and young people. Two regular resident medical officer (RMO) worked on a seven days on duty and seven days off rota. The hospital employed two registered nurses child branch eight registered nurses with additional competencies to care for children and young people, as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the hospital matron.

Track record on safety for the CYP service

- No Never events
- Clinical incidents five no harm, one low harm, two moderate harm, no severe harm, no death
- No serious injuries

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 E-Coli

No complaints

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

We rated safe as good because:

- Staff providing care to children had completed appropriate safeguarding training.
- There were risk assessments and procedures in place to safeguard children and young people from abuse.
- There were systems and processes in place to safely care for children and young people including recognising signs of deteriorating health.
- We found systems in place that reflected national, professional guidance and legislation to keep people safe.
- Staffing was planned and continually monitored in accordance with the needs of the service.
- The service had a robust incident reporting system and there was evidence of learning from incidents.

Are services effective?

Good

We rated effective as good because:

- Care for children and young people was planned and delivered in line with evidence-based guidance, standards, best practice and legislation.
- Comprehensive child assessments were completed accurately and monitored throughout their admission.
- Staff were qualified and had the skills required for their roles. They were supported by their managers to deliver effective care and had received an annual appraisal.
- Children and young people received care from a range of staff and services, which worked in collaboration to achieve the best outcomes for their patients.

Are services caring?

Good

We rated caring as good because:

- Children and their families were truly respected and treated as individuals and were empowered as partners in their care.
- Feedback from children and their parents was consistently positive praising them for going the extra mile and the care they received exceeded their expectations,
- Children and their parents were at the heart of the visible strong patient centred approach to care. Children and their parents were partners in decision-making. Staff valued the strong professional relationships built with children and their families.

Summary of this inspection

- Staff recognised and respected the totality of the needs of children and their parents. They always took into account their personal, cultural and social needs.
- Staff highly valued children's emotional and social needs, which were demonstrated at all times.
- Parents were encouraged to accompany children to theatre and be present in recovery to give extra emotional support.

Are services responsive?

Good

- The services were flexible to meet the needs of children and their families with processes in place to ensure continuity of care.
- The needs and preferences of individual children were central to planning and delivering services.
- The service had a proactive approach to understanding the needs of children and their families and delivered care to meet their needs.
- The service used innovative approaches to provide care tailored to the individual needs of children and young people including children with mild learning disabilities and extra communication needs.
- Children could access appointments and procedures, which were arranged at a convenient time for children and their parents.
- The hospital had a robust complaints procedure. We found that there had been no complaints about the service for children and young people within the last 12 months.

However:

- The hospital did not have a separate children's waiting area in the outpatients department, this formed part of the hospital's planned refurbishments.

Are services well-led?

Good

We rated well-led as good because:

- The hospital had a strategy to improve services for children and young people and the set objectives were being met.
- The service had proactive approach to governance and performance management arrangements.
- Leaders had an inspiring shared purpose. The service lead was inspirational and motivated staff to succeed.
- The leadership team actively sought feedback from staff and service users to continuously drive improvements. Staff were committed and cared about the services they provided and spoke highly of the culture; they felt proud of the organisation.

Summary of this inspection

- Rigorous and constructive challenge from service users and the public was welcomed and seen as a vital way of holding the service to account,
- The service worked in close collaboration with the local NHS trust.
- The leadership drives continuous improvement and staff were accountable for delivering change. Leaders celebrated the innovations within the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Services for children and young people

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

Are services for children and young people safe?

Good

Mandatory training

- The hospital had effective processes in place to ensure staff completed mandatory training tailored to their role.
- The hospital provided a comprehensive mandatory training programme. Mandatory training modules completed by clinical and non-clinical staff working within the service for children and young people included; Anti-bribery gifts and hospitality, compassion in practice, controlled drugs, incident reporting, equality and diversity, fire safety, health and safety awareness, information governance, managing violence and aggression, manual handling, Mental Capacity Act, safeguarding adults level one and two, and safeguarding children level one and two.
- The mandatory training year was from January to December of each year. The training requirements reset on 1 January for the new training year. The hospital had a target of 95% completion of all modules at the end of each training year.
- Staff working within the service for children and young people completed additional training specific to their role and responsibilities. The additional training modules included critical care – transfer of the critically ill patient, European paediatric advanced life support, female genital mutilation, paediatric intermediate life support, paediatric acute illness management and sepsis.
- Data provided by the hospital demonstrated that staff working in the service children and young people had a completion rate of 95% for mandatory and additional training from January 2018 to May 2018.

Safeguarding

- The service had robust mechanisms in place to safeguard children and young people from avoidable abuse. The service managed safeguarding well and worked in collaboration with other organisations and networks to safeguard children and young people.
- All staff who cared for children and young people had completed safeguarding children level three training. Training data supplied by the hospital demonstrated that 100% of staff working within services for children and young people had completed this training. The service lead was the named safeguarding lead for safeguarding children and had completed safeguarding children training to level four. The hospital matron also had level four training booked, which was due in July 2018.
- The hospital had named safeguarding leads. Staff we spoke with about the named safeguarding leads, told us that they felt well supported by these staff members. We observed notices throughout the service which showed a photo of the leads and reminded staff how to contact them. Staff knew types of abuse and the process to raise a safeguarding concern.
- Data provided by the hospital demonstrated that 96% of consultants with practicing privileges had completed safeguarding children to level three. This had improved since our last inspection, where we found that staff and consultant compliance with level three safeguarding children training was poor. The hospital held safeguarding children level three training specifically for consultants.

- Safeguarding children training included all forms of abuse including female genital mutilation. Staff also received separate training about female genital mutilation. Records provided by the hospital demonstrated a completion rate of 100% for the service.
- The completion rate for safeguarding children level one and two was 73% from January to May 2018. The hospital target for this training was 100% by 31 December 2018.
- The lead nurse (child branch) completed safeguarding supervision every three months with one of the named safeguarding leads within the provider group. Records provided by the hospital demonstrated that supervision had taken place.
- The lead registered nurse signed up to and had access to the 'Safeguarding Drop Box', which was managed by the local CCG safeguarding children team. This ensured that the hospital had access to the up-to-date information on safeguarding children and used the resources and toolkits that were the same as those used across the local safeguarding partnership.
- The lead registered nurse participated in local safeguarding networks. The networks provided peer support and had representatives from the local NHS hospital, clinical commissioning groups and the local safeguarding board.
- The hospital had private GPs working under practicing privileges that provided private GP care to children and young people. The hospital had access to safeguarding information using this service and conducted checks for safeguarding flags on all patients under age of 18 years for GP appointments. The lead nurse told us that the hospital was the first private hospital to have access to this information and hoped to expand these checks for all patients referred to the service.
- All children and young people admitted for procedures had a pre-admission assessment undertaken where staff completed all risk assessments including safeguarding.
- Staff had access to the local and provider safeguarding children policy. Both policies were within their review date and had version control. The local policy set out staff responsibilities and guided staff through the process of raising concerns to the local authority. The local policy was supplemented with a flow chart of the process and contact details for the local authority.
- The hospital had systems and process in place to ensure a pre-employment Disclosure and Baring Service (DBS) check and references were complete. Staff could not start work until a DBS certificate was returned and pre-employment checks were complete. We reviewed staff records and found that all the records reflected this processThe hospital had a child abduction procedure in place for staff to follow in the event of a missing child. The procedure had a flow chart as a quick reference and to ensure that they followed all steps. During the last inspection the hospital did not have a child abduction policy in place.
- The provider level policy set out the responsibilities of staff throughout the organisation with information about the types and signs of abuse. The policy made reference to best practice guidance and legislation.

Cleanliness, infection control and hygiene

- All the areas of the hospital we visited were visibly clean and free from clutter.
- The hospital had no reported cases of healthcare associated infections in services for children and young people. No cases of Methicillin-resistant Staphylococcus Aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA) or Clostridium difficile (C.diff) were reported by the hospital from June 2017 to May 2018.
- The hospital had a deep cleaning schedule to help prevent the spread of healthcare associated infections. Deep cleaning records demonstrated that all clinical areas had a programme of deep cleaning that was overseen by the house keeping manager. The hospital also undertook cleaning audits on a monthly basis and records demonstrated that had performed well in these audits.
- We saw notices throughout the services which prompted staff to ensure good infection control. This included a notice which encouraged staff to keep their uniform or clothing sleeves above their elbows and ensure good hand hygiene. Staff wore uniforms with short sleeves and observed the bare below the elbows recommendation.
- The hospital conducted observational hand hygiene audits every three months (quarterly) these audits included the service for children and young people staff. The last three audits demonstrated 95% compliance with policy. The audit shows that out of 20 staff observed one member of staff missed an opportunity to decontaminate their hands on each of the audits.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and alcohol hand gels. We

observed staff using PPE and decontaminating their hands appropriately before and after providing patient care. Hand hygiene had improved since our last inspection. During the last inspection we found that staff did not always wash their hands in line with hospital policy.
- Infection control training was part of annual mandatory training. Records confirmed that 80% of staff had completed mandatory training since January 2018. The completion rate for CYP staff was 100%.

Environment and equipment

- The hospital did not have separate waiting areas for children in the outpatient department (OPD). Staff confirmed that children and young people were seen throughout the department. We reviewed spot audits undertaken by services for children and young people from June 201 to May 2017 which showed that children waited between two minutes to an hour for their appointment. However, children could wait in the service lead's room in the outpatients department if staff identified a risk to children in the outpatients waiting room.
- Parents and children had a choice of their care environment. The hospital had a three-bedded ward with secure access and a range of age appropriate games toys and films. Single patient rooms were available if the patient or their parent preferred this environment. The lead nurse discussed these options with patients and their parents during a pre-operative assessment. The hospital asked parents to sign a document for their preferred option of the care environment. At the last inspection we found the ward area used for the care of children and young people was not secure and anybody could access it during the hours of 8am to 10pm. The hospital had made significant improvements to their security arrangements and advised parents of children and young people cared for in single patient's rooms that they were required to remain with their child at all times.
- Registered nurses (child branch) undertook risk assessments for rooms where children and young people were admitted outside of the three-bedded ward. We looked at patient records, checked rooms, and found that these assessments had been carried out. The hospital had standardised risk assessments for the three-bedded ward area and single use rooms used in conjunction with the individualised risk assessments on admission.
- The hospital had a separate recovery bay for children. The recovery bay was decorated with child friendly wall art and contained paediatric resuscitation and monitoring equipment.
- Suitable resuscitation equipment for children of all age ranges was readily available and checked daily. The hospital had improved the provision of standardised equipment for children and young people. The hospital had introduced a colour coded system for resuscitation equipment based on weight. The service used coloured wrist bands for children and young people which corresponded to their weight for quick identification of the required equipment in the event of a deteriorating patient. During the last inspection we found that the hospital did not have standardised children's resuscitation equipment.
- The hospital had a range of toys and equipment which could be tailored to the age of the child, both in outpatients and the ward. We saw innovative distraction equipment such as tablet devices with preloaded games and activities, 3D goggles used with a mini tablet for children to watch films and audio-visual drawing devices.
- We reviewed equipment management records and we saw that all equipment used for the care of children and young people had up-to-date safety testing and servicing in line with the manufacturers recommendations. These items included scales used for weighing children and young people, monitoring equipment and resuscitation equipment.

Assessing and responding to patient risk

- The hospital had an up-to-date policy entitled, "Care of Children at Spire Wellesley Hospital" which set out safe and agreed criteria for admission of children and young people. The policy stated, "Only well children, without pre-existing medical conditions" were accepted for admission. Staff confirmed this. Therefore, all admissions were expected to be low risk.
- The service lead and the admitting consultant agreed all admissions. The service lead completed a pre-operative

assessment for all children and young people prior to their admission. The service lead was in the process of training another member of staff to complete these assessments.

- Paediatric Early Warning Scoring (PEWS) tools were in use in inpatient areas. Records confirmed that these were being completed accurately. When completed early warning tools generate a score through the combination of a selection of routine patient observations, such as heart rate and blood pressure. These tools were developed and introduced nationally to standardise the assessment of illness severity and determine the need for escalation. The service used three different PEWS charts, one for aged 1 year to 4 years, one for age 5 years to 11 years and another for 12 to 18 years.
- There was always a member of staff trained in paediatric intermediate life support when children were in the hospital. Staff from all clinical departments had completed paediatric life support training. Training data provided by the hospital demonstrated that out of 154 staff employed by the hospital, 70 members of staff had completed Paediatric Basic Life Support (PBLS) training, 55 staff had completed Paediatric Intermediate Life Support (PILS) and four staff members with Advanced Paediatric Life Support (APLS) or equivalent.
- At all, times during a child's admission there was a senior registered nurse (child branch) and children's trained anaesthetist with current Advanced Paediatric Life Support (APLS) or equivalent skills on duty, and records confirmed this. Therefore, there was always suitably qualified staff available to ensure a child could be kept safe up to and during transfer.
- We reviewed the provider's "Patient Transfer Policy." This policy set out procedures for the escalation and transfer of a seriously unwell child. This was necessary in the event that a child's condition deteriorated after surgery. There was a service level agreement (SLA) with a nearby NHS trust to support this policy. Staff confirmed that there had been no transfers of children and young people due to deterioration since the service recommenced the full service for children and young people in August 2017.
- The hospital had a service level agreement in place with Children's Acute Transfer Service (CATS) to transfer a seriously unwell child. CATS were a paediatric intensive care transport team to care for children at the bedside. The patient transfer policy set out the criteria for child transfers. Records confirmed that no child transfers had taken place since August 2017.
- Records confirmed that the "World Health Organisation (WHO) Surgical Checklist, Five Steps to Safer Surgery" was used. The WHO surgical checklist formed part of the provider's "Surgical Safety Checklist." This had been completed thoroughly in all of the five patient records checked.
- We saw that when a child was discharged from the service they were given all the relevant contact information for the department should they need advice and support. In the event of an emergency, they were advised to attend their local A&E department or call an ambulance as required. There was also an information leaflet given to the parent/carers, which supported this discussion.
- The hospital had a comprehensive business continuity plan in place in the event of an emergency such as loss of power supply and telecoms. The business continuity plan set out staff roles and responsibilities at all levels.
- Data provided by the hospital demonstrated that eight adult registered nurses had completed additional competencies to care for children and young people as set out in the Intercollegiate Document (2014). We saw that three registered nurses in the outpatient department, two in theatres and three on the adult ward had completed the additional competencies. This meant that the hospital had additional staff that could care for children in all clinical areas of the hospital if a registered nurse (child branch) was not available.

Nurse staffing

- The children's and nursing establishment was outlined in the "Procedure for the Care of Children and Young People in Spire Healthcare" policy. This was one registered nurse, children's branch (RCN) to four children. Staff confirmed that children would not be admitted unless two RCNs were on site when there are 3 or more children.
- The hospital had one full time permanent registered nurse, the service lead and one regular part-time registered nurse. Staff told us that they worked on a flexible shift basis to meet the needs of the service. Records demonstrated that the service did not use

agency staff. We reviewed the rotas for June 2018 which showed that two registered nurses (child branch) were on duty when children and young people attended the hospital for treatment.

- There was a suitable process in place to identify staffing requirements when children were admitted. The booking process ensured that once the service leadaccepted an admission booking, they would only provide the service on the days that there were two RCNs available, and sufficient theatre staff with appropriate children's training and skills in terms of Paediatric Immediate Life Support (PILS).
- Children were cared for in recovery by a registered adult nurse and a registered nurse (child branch). Theatre staff called one of the registered nurses (child branch) prior to the child entering recovery so that they were in attendance during the recovery phase.
- Staffing rotas confirmed that two RNs (child branch) were on duty for booked surgeries for children and young people. In addition, theatre staffing rotas demonstrated that appropriately trained theatre staff were on duty for these surgeries.
- The hospital always had a senior RCN on duty Monday to Friday, which ensured access to a children's trained registered nurse should a parent/carer or member of staff need advice.The outpatient department was staffed by adult registered nurses; however, all children and young people who were to be admitted were seen by the service lead. This meant that adult registered nurses who had completed CYP competences were available to chaperone and care for these patients in the outpatient department in the event that the CYP Lead was not available. Staff said that they felt well supported by the children's nurses and worked with them as needed.

Medical staffing

- The hospital had a medical lead for children and young people's services. This was a consultant paediatrician with granted practicing privileges.
- In total, the hospital had 22 consultants and one GP with practicing privileges to admit and treat children at the hospital. Four of the consultants were paediatric anaesthetists. Medical staff were predominantly employed by other organisations (NHS organisations) in substantive posts and had practising privileges to work at Spire Wellesley. A practising privilege is, "Permission to practise as a medical practitioner in that hospital" (Health and Social Act, 2008).
- Consultant surgeons were responsible for their admitted patients on a 24-hour basis. There was also a Resident Medical Officer (RMO) on site and available 24 hours a day seven days per week for immediate medical advice. The RMO had at least 6 months paediatric experience.
- There was an SLA in place for 24/7 paediatric consultant support, when the lead paediatric consultant was not available. This was between the hospital and local NHS trust. Staff were aware of this arrangement.
- The hospital held quarterly (every three months) Medical Advisory Committee (MAC) meetings. We reviewed the last three meeting minutes and found that a paediatric anaesthetist attended these meetings with responsibility for services for children and young people.
- The hospital had systems and processes in place for granting practicing privileges. The MAC reviewed all requests for practicing privileges and provided advice to the hospital director.

Records

- We reviewed five patient records and found that documentation was clear, accurate, and legible. Where a concern had been identified, for example an allergy, action was taken as a result and then recorded.
- Numerous risk assessments had been carried out before surgery for children and young people. These assessments included moving and handling, pain, skin integrity, medical history and safeguarding assessments.
- The hospital completed paediatric records audits every three months (quarterly). We reviewed the audit conducted in January 2018 which demonstrated compliance across all of the measure except for outpatient department assessment with a score of 50%.
- Patient records were in written format except for the discharge summary, which was electronic.
- Patient records were readily available to staff and the records were stored securely throughout the service. The hospital archived all patient records off site once patient care and treatment was complete.
- The resident medical officers completed discharge summaries electronically. The hospital sent an electronic discharge to the patients GP on discharge with information relation to the admission. Staff provided a printed copy of the discharge letter to the parents of the child for their records.

Good

Services for children and young people

Medicines

- Staff kept medicines for children in a secure room by the nurse's station on the main ward adjacent to the three-bedded paediatric ward. We saw that paediatric medicines were stored appropriately away from medicines for adults within the medicines storage room in the main ward.
- Nurses safely administered medicines. We observed that nursing staff had the use of an up-to-date version of the "British National Formulary for Children" to double check medicine calculations, and then administer medicine safely based on these calculations.
- Medicines were stored securely and controlled drugs were regularly checked.
- We reviewed five medicine prescription records and found these were completed with allergies, date of birth, age, weight and height of the patient clearly recorded. This meant that staff administering medicines had all the information to ensure the medication dose was appropriate for the child. In addition, we found no omissions of medicines and the records demonstrated that staff administered medicines as they were prescribed.
- The lead registered nurse told us that controlled drugs such as morphine were not routinely prescribed for children and young people. The medicine prescription records we reviewed confirmed this.
- Staff reported incidents for issues relating to medicines and patient allergies. We reviewed an incident investigation following suspected drug allergy where staff had discovered a child had a rash. The hospital documented the suspected allergy and this information was included on the child's discharge letter. Previous to the child's admission they had no known allergies.

Incidents

- The service had no serious incidents or never events reported which involved children and young people from June 2017 to May 2018. Never events are serious incidents that are entirely preventable because guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service reported nine incidents from September 2017 to May 2018. Of these incidents the service had two incidents with moderate harm, one low harm incident and six causing no harm. The two main themes of the incidents reported by the service were cancellation of surgery and surgical site infection.
- We reviewed nine incident investigation reports completed by the service. The investigations were thorough and demonstrated learning following incidents. We saw learning following an incident where a paediatric patient fainted during a routine investigation. The service changed the procedure to ensure two members of staff were present if routine investigations were conducted in the outpatients department.
- Staff we spoke with knew how to report incidents correctly on the hospital's electronic incident reporting system and described what constituted an incident. Incident reporting had improved since our last inspection where we found that staff did not report/ record incidents as required.
- The service had no incidents that required duty of candour to be carried out from June 2017 to May 2018. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with understood their responsibilities in relation to duty of candour and had processes in place to conduct duty of candour where required.

Safety Thermometer (or equivalent)

- The service used a paediatric score card in place of the "Paediatric Safety Thermometer", which is a national tool designed to measure commonly occurring harms in people who use children and young people's services.
- The service scored against 22 measures in paediatric care such as patients fasted within guidelines and fully completed inpatient risk assessments. All of the measures were RAG rated with green meeting target, amber just under the target and red not achieving. The score card for May 2018 showed 21 measures met the associated target. One measure was amber where 92% of consultants had completed safeguarding children level three training and the target was 95%.

Good

Services for children and young people

Are services for children and young people effective?

Good

Evidence-based care and treatment

- We reviewed four policies, which related to children and young people's services. All of the national policies checked were up-to-date and had review dates on them. The majority of policies and procedures were developed by the Spire group nationally. They were available to staff electronically via the intranet and in clinical areas in paper form.
- The service completed an annual audit programme which formed the paediatric score card including but not limited to, theatre starve times, record keeping (PEWS), transfers and complaints.
- The provider had forums for different staff groups; these forums provided opportunities for peer support and learning. The lead registered nurse (child branch) participated in the national "Spire Paediatric Steering Group." The steering group provided peer support and evidence based care and new guidelines were discussed. We saw examples of 'the prevention of VTE in children and young people' and 'the management of acute pain in children and young people'.
- We saw that the hospital used "World Health Organisation (WHO) safe surgery checklist, Five Steps to Safer Surgery" tool. This reflected evidence-based practice to ensure safety for surgical procedures.
- The provider encouraged all hospitals to share learning from incidents and best practice that resulted following the investigations. The provider had a specialist team that performed investigations for example following a serious incident. The team completed the investigation and shared learning within the provider group.

Nutrition and hydration

- Staff assessed children's dietary needs on admission and the kitchen informed as required. The hospital provided food according to the children's needs e.g. dairy free and age appropriate foods.
- Inpatients and their parents/carers received three meals a day from a self-choose varied child and family menu. If a child missed a meal then the kitchen could be called at any time for food. The hospital matron told us that patients could request something and the kitchen would prepare food different to the menu choice as long as the kitchen had the ingredients.

The hospital measured their theatre starve times which formed part of the paediatric score card. The percentage of patients fasted within day surgery information guidelines set out by the Royal College of Nursing, was 82% in June 2018, the Spire target was 60%. In December 2017 40% of children had a starve time in line with best practice guidance which demonstrates the improvements made in relation to starve times. The lead registered nurse (child branch) told us that the hospital had not performed as well with theatre starve times previously. The service worked with the theatre department to formulate local procedures in the event of theatre delays.

- Staff accurately completed food and fluid charts in the five patient records we reviewed.
- Patients had access to water jugs following their surgical procedure; water was also available in the outpatient department. On the ward and in the outpatient department, parents and carers had access to tea and coffee making facilities.

Pain relief

- We reviewed five children's patient records and found that pain assessments following surgery happened regularly. The service conducted pain score audits included in the paediatric score card completed every three months. We reviewed the score cards from December 2017 to May 2018, which demonstrated 100% of children had received a timely pain assessment.
- Child friendly pain charts were used such as the visual pain score and FLACC (face, legs, activity, cry, and consolability) to assist children to express any pain they were experiencing. These pain charts were embedded into the PEWS documentation.
- Medication charts we reviewed demonstrated that staff had given pain relief in a timely way.

Patient outcomes

- The hospital did not participate in national audits involving children and young people. However, the service participated in the provider's paediatric score

card which the hospital could compare their performance with other hospitals in the provider group. The paediatric score card showed that the hospital exceeded the targets for all of the 22 measures in place.
- The hospital matron and registered nurse (child branch) reported there were no transfers to another hospital from June 2017 to May 2018 for children and young people. The children's service monthly reports showed that no patients were transferred to another hospital due to deterioration of their condition.
- Children and young people had a dedicated pathway for day surgery and overnight stays. The five patient records we reviewed reflected contemporaneous record keeping and completion of risk assessments.

Competent staff

- Staff had the right qualifications, skills knowledge and experience to do their job.
- Data supplied by the hospital showed that there was 100% appraisal completion rate for staff in the service for children and young people. The lead registered children's nurse reported that they had been appraised in the last 12 months.
- The hospital encouraged staff to complete additional training and competencies outside of the expected mandatory training. We saw that 55 staff had completed PILS training in addition to their mandatory training. The hospital offered Paediatric Acute Illness Management (PAIM) training to staff. Training records demonstrated that 43 staff members had completed this training from departments such as outpatients, theatres and the ward.
- All RMO's working at the hospital completed training in relevant paediatric competencies such as paediatric advanced life support (APLS) or equivalent. We reviewed the staff records for the RMO's and found that both doctors had completed a comprehensive training and induction programme.
- Practising privileges (PP) were reviewed formally every two years, consultants had to demonstrate competence and only undertake procedures that they performed in their NHS role. Medical practitioners must provide the hospital director with up to date evidence of adequate insurance or indemnity cover; GMC registration; participation in annual whole scope of practice appraisal. Conditions of consultants PPs meant that cover arrangements were in place in the event they were not available due to annual leave, or other commitments.
- Medical practitioners must apply for a Disclosure and Barring Service check at enhanced level countersigned by a representative of Spire Healthcare. Medical practitioners meeting the criteria are invited to attend for interview with the Hospital Director and Matron and ratified by the local Medical Advisory Committee (MAC) at the next quarterly meeting. The Hospital Director may grant interim practising privileges until ratification at the next MAC.

Multidisciplinary working

- The hospital had developed multidisciplinary team (MDT) meetings for children and young people's services.
- Staff stated that staff from all services worked well together. We observed that there was a good rapport between staff and specialties.
- The service had strong links with local safeguarding networks where the lead registered nurse (child branch) attended meetings as well as representatives from local NHS organisations and clinical commissioning groups.
- The service worked closely with the private GP lead for safeguarding. The lead registered nurse (child branch) completed safeguarding assessments for children attending the service.

Seven-day services

- Consultants were on call for the duration of their patient's stay. There was an RMO on site 24 hours a day 7 days a week, and an on call hospital manager, physiotherapist, radiologist, pharmacist, and theatre team at all times. Children were reviewed on a daily basis by a consultant.
- The hospital had a service level agreement (SLA) with a nearby NHS trust for 24-hour access to consultant paediatrician advice and support and for emergency transfers.
- Patients had 24-hour access to imaging services with an on call system in place out of hours and at weekends. Staff reported that the system worked well and had no problems with access to imaging.

Good

Services for children and young people

- Theatre staff worked an on-call rota in the event that a patient needed to return to theatre. However, no paediatric patients had returned to theatre since the full service for children and young people recommenced in August 2017.

Health promotion

- The service actively delivered health promotion with children and their parents during consultations or during the admission process. This was supported with leaflets containing additional information for parents.
- We saw a large selection of health promotion materials including but not limited to healthy eating and "keeping yourself safe online". The leaflet was directed at older children with information and contact details of organisations such as 'Childline'.
- The service had information for children and their parents about healthy eating and exercise.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Appropriate child and young people consent forms were in place. Consent forms were correctly completed and appropriately signed in all seven of the patient records we reviewed. We found that one of the consent forms used for a child was an adult consent form.
- Staff completed a mental capacity assessment for all children and young people during their pre-operative assessment. The assessment supported staff to assess a child's understanding and emotional development of what was going to happen to them.
- The hospital had an up-to-date consent policy, which outlined the process for gaining valid consent from children and young people for examination and treatment. The policy also described, "Gillick competence," which is a legal requirement to determine whether a child had sufficient understanding and intelligence to enable them to understand fully what was proposed.
- Staff we spoke with understood their responsibilities in relation obtaining valid consent and assessing "Gillick competence" in line with the policy.

Are services for children and young people caring?

Good

Compassionate care

- The service had a strong visible person-centred culture. Staff were highly motivated and inspired to provide care that was kind and promoted the dignity of children and young people. The hospital leadership team and the service lead promoted and highly valued the person-centred culture.
- We saw care provided to children and young people in the outpatient's department (OPD) and in the ward and all times children and their families were consistently treated with compassion, dignity and respect. Staff were kind in their approach to children but remained professional at all times.
- We saw that staff used appropriate language to ensure patients understood procedures and activities and to build trust with the child and their parents. We observed a procedure in the outpatient department where staff explained the invasive procedure and checked to ensure the patient understood.
- We observed interactions between a child and a registered children's nurse in the out patients department during a consultation. The registered children's nurse was caring and compassionate with the child and their parent in particular when discussing the symptoms the child experienced.
- We saw that the privacy and dignity of children were maintained, staff knocked on doors before entering private rooms and ensured doors were closed when personal care was given.
- The service did not participate in the friends and family test as the hospital did not carry out NHS procedures for paediatric patients; however, the service had age appropriate patient feedback forms. The service had children's survey form for patients aged 3 – 12 years and a young person's survey form for patients aged 12 – 16 years. Both survey forms used pictures to aid understanding.
- We reviewed seven completed survey forms and all of the comments left by children, young people or their parents were consistently positive. All patient feedback was extremely complimentary about the care they received had exceeded their expectation and staff had gone the extra mile to tailor care to the needs of the

child. One patient reflected on the positive 'way everything was explained' and could not recall anything that could be done better. Patient feedback was also positive about the staff.

- One patient said, "It was very good and all the nurses looked after me very well." Another parent wrote "Excellent experience, superb service."
- One parent wrote "Each person spoke to my son directly which was reassuring. During his stay he had fantastic care."

Emotional support

- Staff recognised and respected the totality of needs of children and their parents. Children's emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- We saw that children and their parents were supported emotionally throughout their hospital journey from pre-assessment to follow up after discharge.
- The lead registered nurse (child branch) reported that all children have a face-to-face pre-assessment to ensure that they are emotionally prepared for admission.
- Parents were encouraged to accompany their child to theatre and support the child in the anaesthetic room. The registered children's nurses escorted parents to the recovery room when the child was transferred from theatre.
- Staff took the needs of young people into account and had found innovative way to reduce the stress of their patients. An example of this was, staff recognised in the use of needles that some patients found these procedures traumatic; the service used 3D headset technology to distract patients from seeing needles and vein location infrared technology.
- Staff had thought of innovative ways to provide distraction therapy for children pre-surgery and for outpatient procedures in the aim to reduce anxiety. Children had access to the use of 3D headsets to watch films in 3D. Staff reported significantly reduced anxiety levels in children who used the 3D headsets during invasive procedures and on route to theatre.
- The three-bedded bay had a 360 degree projector, where calming images and sounds were reported to put patients at ease while in the hospital. During our inspection images of an aquarium were projected with tranquil background music. One parent said, "The ward has a relaxing feel about it, which took away any anxious feelings my son had."

Understanding and involvement of patients and those close to them

- Staff were fully committed to working in partnership with children and young people and their parents and made this a reality for each child. Children and young people who used services and those close to them were active partners in their care.
- Patient feedback demonstrated that staff used pre-assessment meetings to allow service users to acclimatise to the hospital environment and explain procedures.
- Children and their families were greeted by the inpatient team on arrival. During these meetings with staff the process and what to expect was fully explained to the patient and their family and there was opportunity for them to ask any questions that they may have. The nursing team were based within the paediatric ward to explain treatments and what to expect with patients and their parents.
- Children and their parents were involved in making decisions about the care provided. We observed an example of this in a pre-assessment consultation where the child and their parent were included in care planning using a patient centred approach.
- Parents could stay with their child 24 hours a day for the duration of their admission. This allowed them to support their child emotionally throughout their stay.
- Children were given a choice of bed linen with a variety of different duvet covers to personalise their admission.
- The ward used for the care of children and young people was prepared for a child to visit during their pre-assessment consultation as part of their preparation for admission.
- Parent's comments included "We felt total at ease as parents." We felt safe in the hands from the moment we arrived at the children's ward." "The level of information we received was great and help to put us all at ease so we could focus on the well-being of our child."

Are services for children and young people responsive?

Good

Services for children and young people

Good

Service delivery to meet the needs of local people

- The service reviewed the needs of local people, demand and research to develop and plan additional services to children and young people.
- The services available to children and young people were privately funded. Privately funded patients had access to treatment by GP referral for treatment. This meant that, services were planned according to service demand.
- The service provision for children and young people was planned according to the need of patients. The lead registered nurse (child branch) told us that the hospital received enquiries about allergy testing which was an unmet need. The hospital has plans to introduce this service in the future.
- The facilities and premises were mostly appropriate for the services that the hospital delivered. The service for children and young people had a designated three-bedded bay to care for children during their admission. However, the hospital did not have a children's waiting room in the outpatients department which the hospital planned to include in the planned refurbishment project.

Meeting people's individual needs

- All children and young people using the service were low risk on admission and did not have complex needs. However, staff told us that they did admit children living with a mild learning disability. In these cases, staff would prepare for the admission by discussing daily routines with parents and try to emulate the routine during the admission where possible.
- The care provided to children was tailored to their individual needs including children with mild learning disabilities and extra communication needs. Staff completed comprehensive face-to-face preoperative assessments on each child to tailor care to their individual needs.
- We were told that most children and parents brought tablets or electronic gaming devices with them on admission, which were allowed. However, parents were advised to monitor their child if they used the hospital Wi-Fi.
- Staff had access to specialist equipment such as vein imaging equipment and 3D headsets for patients to view a variety of films. These distraction techniques reduced the anxiety of the child going to theatre, during cannulation procedures and for blood tests.
- There were leaflets available and booklets for them to help them understand the surgery process. The hospital website had information about the three most common procedures for parents.
- Staff used a film developed to prepare children for their admission and what would happen. Children and young people could watch the film during the pre-operative assessment process.
- The hospital did not have a separate waiting or play area for children and young people in the outpatient department. However, the hospital director and the hospital matron told us that a child waiting room was planned in the future alongside the refurbishment plans for the hospital. We saw toys and activities available for children in the main waiting area.
- Staff wore uniforms and photo ID badges so that parents and children could easily identify them.
- In the event where English was not the child's or parent's first language, staff had access to an interpretation service.
- Staff could refer children and young people to local child and adolescent mental health services if they had concerns regarding their mental health.

Access and flow

- All children were prioritised for theatre to be first on the list either on the morning or afternoon list. This ensured that there were staff and equipment set up and readily available to meet the needs of the child.
- Only well children without pre-existing medical conditions over the age of three were admitted for surgery. The hospital's "CYP services provision statement" set out provision of children's and young people's services. This meant that all children were low risk on admission.
- All admissions for children and young people were agreed with admitting consultant and the lead registered nurse (child branch). All children had a pre-admission assessment with a registered nurse (child branch) by telephone for minor procedures and face-to-face for more complex procedures.

Good

Services for children and young people

- All surgical procedures were planned which meant that the service could plan their staffing and other resources around the child bookings.

Learning from complaints and concerns

- The service had not received any complaints for children and young people's services from June 2017 to May 2018.
- We saw notices throughout departments informing patients about what to do if they wanted to make a complaint. There were also patient information leaflets in each area supporting this process.
- Staff we spoke with understood their responsibilities in dealing with complaints. Junior members of staff told us that they would escalate any unresolved concerns to their manager or the senior management team.
- The lead registered nurse (child branch) gave examples of informal complaints raised to staff. One example was for parents that were not happy following a consultation with one of the consultants. The parents raised their complaint verbally which the service investigated and provided an explanation to the parents.
- The hospital used the up-to-date provider complaints policy which set out that all complaints should be acknowledged within two working days and a full response within 20 working days.
- We reviewed the Medical Advisory Committee (MAC) meeting minutes for November 2017, January 2018 and March 2018 and saw that complaints formed part of the rolling agenda for these meetings.

Are services for children and young people well-led?

Good

Leadership

- Leaders had the capacity and capability to deliver high quality sustainable care. Since our last inspection, there had been changes to the leadership for the service. The children's service was led by a lead registered nurse (child branch), and had medical representation on the medical advisory committee (MAC) for children's services.
- The hospital had an established senior management team (SMT) in place at the hospital, which included the new hospital director, the finance manager, business development manager, theatre manager and operations manager. The matron was appointed in February 2017. The inpatient ward, theatres, and the outpatient department had managers in post who received support directly from the SMT.
- The lead for children's services reported directly to the matron and hospital director and the day to day leadership was provided by the ward manager. Our interviews with the senior management team demonstrated that they fully supported the children' services lead and were engaged with the plans for the service.
- Leaders understood the challenges to delivering high quality care and identified appropriate actions to address them. The service lead for services for children and young people had driven significant improvements following the last inspection. For example, a strong emphasis had been put on improving safeguarding processes and ensuring these were embedded throughout the entire hospital. This included appropriate training and developing processes for information sharing and working closely with local safeguarding boards. There was also a strong emphasis on ensuring that the child's entire journey through the hospital was safe and patient-centred.
- We saw that the service lead inspired staff that worked at the hospital and across departments. Staff we spoke with praised the service lead and told us that they were visible, approachable, knowledgeable and supported them well. In addition, children and patients praised the service lead following the changes to the paediatric ward environment and relaxing the atmosphere offered by the service.
- There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. There was a leadership development strategy in place which included succession planning. At the time of our inspection, a senior member of the children's nursing team was undergoing training and development to ensure that they could lead the service effectively if the lead was absent.
- The lead paediatric consultant, worked in the outpatient department and over saw children and young people's policies and procedures within the hospital. There was also a paediatric lead anaesthetist for the service with MAC representation for the service.

Good

Services for children and young people

Vision and strategy

- There was a clear vision and strategy to deliver high quality sustainable care, with associated action plans. The hospital had recently updated their formal vision and strategy and that was due to be signed off by the MAC on the day of our inspection. The strategy for children's services was firmly embedded within the overall strategy for the hospital.
- The vision for the children's service was set out in the 'strategy for the provision of paediatrics at Spire Wellesley hospital'. This document set out the improvements needed and the vision to improve the child's entire hospital journey, with patient safety and satisfaction being integral and at the heart of everything they did. This included the changes to the ward environment and the plans for development of facilities. Embedded within the strategy was a demonstrable commitment to working with the wider health and social care economy to ensure high quality safe patient care and meeting the needs of the local population. The senior management team supported the strategy and spoke passionately about high quality safe care for children and young people.
- Staff we spoke with were proud of their involvement in the development of the vision and strategy for the service. This had been through their involvement with implementing the changes that had been introduced since our previous inspection and having the opportunity to provide feedback and contributions. Staff understood their role in achieving the vision and strategy for children's services.
- The strategy for children and young people outlined the plan for the next two years. There was a systematic and integrated approach to monitoring and reviewing progress with the strategy. The service used the providers 15 steps observation of the service to review changes necessary to improve the experience of children and their parents. One of the improvements that had not been implemented prior to our inspection was a children's waiting area. The hospital had plans to include a children's waiting room with the hospital fabric upgrade.

Culture

- Children and their parents were at the heart of the strong patient centred approach to care, which was visible during our inspection. Staff at all levels throughout the hospital, were committed and passionate about delivering high quality patient care.
- The service for children fostered an open culture, staff felt able to raise their concerns without fear of reprisal. Staff described the service lead as approachable and they said that the service lead took their concerns seriously.
- We observed that staff worked collaboratively across teams to deliver high quality care. People from different departments had close working relationships with the service in order to provide safe services to children and young people.
- The hospital and the provider group had fostered a strong safety culture. They had mechanisms in place to share learning following incidents and complaints internally and with other hospitals with the provider group.
- All of the staff we spoke with told us they were proud to work at the hospital and felt valued by the senior management team and their direct line managers.

Governance

- There was a clear governance structure in place for children and young people's service, with a pathway of escalation to the paediatric lead consultant and the MAC. The positive changes that the service had made to their governance processes had delivered improvement and were sustainable.
- The hospital held paediatric focus group every other month. The meetings had representation from all departments of the hospital. The meeting minutes from January 2018 to June 2018 showed that quality and safety topics were included such as the paediatric score card and policy updates. The lead paediatric consultant also attended these meetings and provided reports for the MAC.
- The hospital's senior management team (SMT) met monthly to discuss safety, quality and financial agenda items. The minutes of these meetings from January to March 2018 showed that risk, incidents and financial matters within children's services were regularly discussed.

- We reviewed minutes from the MAC and senior management team meetings which demonstrated that the service had representation at the meetings and had involvement with the improvement strategy for the children's and young people's service.
- The service had a robust structured process in place for the MAC. We reviewed the meeting minutes of meetings held in November 2017, February 2018 and May 2018. These were detailed, comprehensive and covered all services within the hospital. Topics discussed included risk, practicing privileges, quality dashboards and visions for the future.
- We spoke with the hospital director and MAC chair about the process of the committee and sign off. Both were articulate about the running of the service and MAC and had a clear understanding about the quality of service to be provided.
- Practicing privileges were routinely discussed as part of the MAC as well as new appointments. The MAC and hospital director had clear criteria for the issuing of practicing privileges for children's surgery. The requirements to demonstrate they were suitable for practice was extensive and comprehensive and included operating hours and observation reports, which demonstrated their competence in clinical practice.
- The hospital removed consultants practicing privileges in accordance with the provider's practicing privileges policy. We saw that one paediatric consultant had their practicing privileges removed in the last 12 months due to non-compliance in supplying up-to-date documentation required to maintain practicing privileges.

Managing risks, issues and performance

- There were clear processes in place to manage and identify risks. There was a systematic programme of internal audits to monitor quality and performance.
- Leaders were aware of the risks within the service and had comprehensive plans in place to mitigate the risks.
- The service for children and young people had completed an extensive range of risk assessments including but not limited to children of mixed sex admitted to the children's ward and a child falling from bed. The risk assessments were detailed and they had been mitigated well. None of the risk assessments were deemed as a high risk.
- The hospital had a risk register which held risks from all departments. Individual services did not hold their own risk register.
- The service for children and young people had two risks on the hospital risk register. One risk register entry related to paediatric specific policies and procedures not followed or not up to date following our last inspection. We saw that the hospital had taken action to reduce the risk and that it had been reviewed regularly by the matron, the risk owner. The second risk was for no children's waiting room in the outpatients department. The hospital had taken action to mitigate this risk by using the children and young people's room with supervision if staff identified a risk for children in the main waiting room.
- The service monitored their performance closely through the paediatric score card, quarterly (three monthly) governance report and the numbers of referrals to the service. We reviewed the paediatric score card results and these demonstrated that the service had made continuous improvements from October 2017 to May 2018.

Managing information

- The service collected and collated information about the service through audit for quality, safety and assurance. The service used this information to make improvements to the service. The service had standardised paediatric resuscitation equipment across the hospital using a colour code to denote equipment size by child weight. Children wore coloured wrist bands corresponding to their weight on admission. This was amongst other improvements that had been implemented set out in the service strategy document.
- The provider collected and collated information for each hospital in the group for the clinical score cards. This meant that the hospital could monitor their performance against other similar hospitals within the provider group. The service had the best performance across the provider group for the paediatric score card. With improvements made in areas such as theatre fluid fasting and consultant compliance with required training.
- The hospital had systems and process in place to manage information securely. Staff kept patient records

in secure locations when not in use. Staff used electronic records for the patient discharge process and private GP services, staff had a two-point security log in to access these records.

Engagement

- Following on from our previous inspection, the service lead told us they had actively sought feedback from previous patients, external stakeholders and staff to identify areas for improvement. This had included face-to-face workshops and written feedback forms.
- There were regular staff meetings to share information with staff and we saw minutes from these meetings reflected this process.
- The service lead engaged with children and their parents prior to their admission in order to prepare them for the procedure and their admission.
- The hospital actively sought feedback from children and their parents by means of a patient satisfaction survey. All feedback was dealt with by the service lead and the matron and discussed at head of department meetings.
- The service lead had regular engagement with local safeguarding children networks. These networks had representative from the local NHS trusts, clinical commissioning groups and the local safeguarding board.
- The service actively engaged staff in learning when incidents occurred to encourage shared learning. The provider group encouraged hospitals within the group to share learning with staff to prevent similar incidents occurring in other hospitals.

Learning, continuous improvement and innovation

- There was a strong emphasis on continuous learning and leaders and staff strived to improve through safe innovation of processes and systems.
- The service had improved the safeguarding processes and provision for children. The service forged relationships with the local safeguarding children board and had aligned the hospital's local safeguarding children policy with the local safeguarding arrangements.
- The service lead had written new policies for the care of children at the hospital. The minutes for the paediatric focus group showed that the provider group was in the process of adopting 'the prevention of VTE in children and young people' and 'the management of acute pain in children and young people' policies as provider wide policies.
- The service had introduced an innovative colour coded system for paediatric resuscitation equipment based on the child's weight. Each child admitted to the hospital had a colour coded wristband that corresponded with their weight.
- The service used equipment in innovative ways to reduce the anxiety of service users and their patients. The service had a 360-degree projector with moving images of an aquarium on the walls of the children's ward with calming music. The service also used 3D headsets for children to watch films during invasive procedures and during transfers to theatre to aid anxiety reduction.

Outstanding practice and areas for improvement

Outstanding practice

- The service lead had written new policies for the care of children at the hospital which had been adopted as provider wide policies.
- The service had introduced an innovative a colour coded system for paediatric resuscitation equipment based on the child's weight. Each child admitted to the hospital had a colour coded wristband that corresponded with their weight.
- The service used equipment in innovate ways to reduce the anxiety of service users and their patients. The service had a 360 degree projector with moving images of an aquarium on the walls of the children's ward with calming music. The service also used 3D headsets for children to watch films during invasive procedures and during transfers to theatre to aid anxiety reduction.

Areas for improvement

Action the provider SHOULD take to improve

- The hospital should make provision for a children's waiting area in the outpatients department.