Classic Hospitals Limited

Spire Liverpool Hospital

Quality Report

57 Greenbank Road
Liverpool
Merseyside
L18 1HQ
Tel: 0151 733 7123
Website: www.spirehealthcare.com

Date of inspection visit: 18 - 19 and 26 March 2015
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, review of information we hold and information given to us from patients, the public and other organisations. This location has been awarded a shadow rating. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methodology is confirmed and published.

Ratings

Overall rating for this hospital	Good
Surgery	Good
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Spire Liverpool Hospital is run by Classic Hospitals Limited which is part of Spire Healthcare Group Plc. Spire Liverpool Hospital, previously known as Lourdes Hospital, is located in a residential area of south Liverpool which provides care and treatment for private (self-funding and insured) and NHS patients referred under the Standard NHS Acute Contract.

The hospital offers a variety of services including surgery and outpatients and diagnostics. There were 3 outpatient areas, 2 wards with a total of 32 single rooms, a six bedded day-case unit, 3 operating theatres (one of which is a mobile and 2 laminar flow), physiotherapy department, radiology department, a MRI scanner and a mobile CT scanner.

Day surgery and inpatient treatment is provided for patients across a range of specialties, including urology, ophthalmology, orthopaedics, pain injection, minor hand surgery, minor neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery. There were 1,251 overnight patients and 7,458 day case patients admitted to the hospital between October 2013 and September 2014. There were also 8,513 visits to theatre recorded in that time. The majority of procedures were for non-complex orthopaedic surgery; however, the hospital does also carry out some complex procedures including arthroplasty and shoulder surgery.

The hospital has a policy which outlines the inclusion/exclusion criteria for patients based on acuity and the services available on site. As part of the pre-operative assessment process, patients with certain medical conditions are excluded from receiving treatment at the hospital. For example, patients with an American Society of Anaesthesiologists (ASA) physical status score of 4 are excluded. The majority of patients admitted to the hospital have an ASA score of 1 or 2. These patients are generally healthy or suffer from mild systemic disease.

The hospital previously provided surgical services for children from the age of three upwards. Due to the Independent Healthcare Advisory Services (IHAS) guidance on the care of children in the independent healthcare sector, the hospital ceased providing surgical services for children on 16 February 2015. At the time of our inspection the hospital only provided adult inpatient services (18 years and over). The outpatient services remained unchanged and any children identified as needing treatment through an outpatient appointment would be referred to an alternative healthcare provider.

The outpatients and diagnostic imaging services provided by the hospital cover a wide range of specialties including neurology, orthopaedics, ear nose and throat (ENT), general medicine, physiotherapy, urology, cosmetic surgery and general surgery. The diagnostic and imaging department carries out routine x-rays as well as more complex tests such as MRI scans, CT scans and ultrasound scans. The service is open from 8am to 8pm Monday to Friday with some additional clinics on Saturdays. The hospital recorded 78,692 patient attendances between January 2014 and end of February 2015. The busiest clinics were the orthopaedic clinics with around 16,000 attendances; ear, nose and throat (ENT) clinics at 6,000 attendances and the general surgery clinics with around 5,000 attendances.

Spire Liverpool Hospital was selected for a comprehensive inspection as part of the second wave of independent healthcare inspections. The inspection was conducted using our new methodology.

We carried out an announced inspection of Spire Liverpool Hospital between 18 and 19 March 2015. We also carried out an unannounced inspection of the hospital between 7:15pm and 8.30pm on 26 March 2015. The purpose of the unannounced inspection was to look at how the hospital operated at off-peak times.

The inspection team inspected the following core services:

- Surgery
- Outpatients and diagnostic imaging

Summary of findings

The hospital do provide fertility treatment services; however, these were not inspected as part of our inspection because these services are regulated by the Human Fertilisation and Embryology Authority (HFEA).

We rated Spire Liverpool Hospital as "Good" overall.

This location has been awarded a shadow rating. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methodology is confirmed and published.

Our key findings were as follows:

Overall Service Leadership

- The hospital was led by the senior management team comprising of the medically trained Hospital Director, the Matron/Head of Clinical Services, the Operations Manager, the Finance and Commercial Manager and Business Development Manager.
- The Hospital Director had only been in post for approximately 8 weeks at the time of our inspection and the application for that person to become the registered manager with CQC was still being processed.
- Staff were positive about the leadership of the hospital and described significant improvements since the appointment of the new Hospital Director.
- Staff were engaged and described an open culture where they felt they could raise issues or concerns and positively influence the services they were providing.
- Clinical governance meetings were held to discuss issues such as patient safety, clinical reliability and clinical effectiveness; however, they were infrequent, with only three meetings being held in the past 12 months.
- Medical oversight of hospital practices was undertaken via the Medical Advisory Committee (MAC) and meetings were held three times in the past year but the policy was that these should be held four times a year. The purpose and desired outcomes of these meetings were not clear. We were told by the MAC chair that this was an advisory committee for clinical issues; however, there was no requirement for the hospital to act upon the advice of the committee.
- Health & Safety/Risk meetings were held to discuss hospital risks. Meetings were due to be held four times a year. We saw evidence that there was a meeting in March 2015 with the next one to be planned for quarter 2 but that the previous meeting was in March 2014. At these meetings, the risk register was reviewed along with the clinical scorecard. The risk register consisted of mainly health and safety issues and the clinical scorecard was a tool to monitor clinical performance against targets (such as readmission rates and surgical site infections). Whilst we saw evidence of local risk assessments within the departments, we did not see a hospital risk register (or other mechanism) that captured all of this information to show the hospital wide risks; how risks were graded, reviewed and escalated or de-escalated on an ongoing basis. We raised this with hospital management at the time of our inspection and were told that a new post of risk manager had recently been appointed at Spire (corporate level) and that the risk management policy was planned for review in March 2015. Risk management processes would be reviewed at the same time.
- An audit of incidents at the hospital showed that whilst thorough investigations were conducted and actions were taken to address them, heads of department were slow to close incidents down. Some actions had been taken to address this and there was an action plan in place to monitor improvements going forward.
- All of the issues highlighted had been recognised by the senior management team and plans were being developed to address them.

Cleanliness and infection control

- All areas that we inspected were visibly clean and well maintained. Cleaning schedules were in place and roles and responsibilities were well defined.

Summary of findings

- In all clinical areas we observed staff to be complying with best practice with regard to infection prevention and control policies. Staff followed hand hygiene and 'bare below the elbow' guidance and wore personal protective equipment, such as gloves and aprons, while delivering care.
- There were processes in place for the handling, storage and disposal of clinical waste, including sharps and the prevention of healthcare acquired infection. We observed staff adhering to these processes.
- There had been no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia infections, Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections or Clostridium difficile (C. diff) infections at the hospital between October 2013 and February 2015. MRSA, MSSA and C.difficile are infections that can cause harm to patients. MRSA is a type of bacterial infection that is resistant to many antibiotics. MSSA is a type of bacteria in the same family as MRSA but it can be more easily treated. C.difficile is a bacterium that can affect the digestive system; it often affects people who have been given antibiotics.

Staffing Levels

- Nurse staffing levels had previously been set based on a trial of the Shelford 'Safer Nursing Care Tool' but this was no longer used because the majority of patients were only admitted to the hospital for a short period of time. Staffing levels were set based on planned activity on a weekly basis.
- Daily meetings were held to review staffing and there were escalation arrangements in place so that additional staff could be brought into an area should there be unexpected absences or if a patient's level of dependency increased.
- When additional nursing or support staff where required, the hospital used their own staff to cover additional shifts where possible but on occasions agency staff were used and the hospital tried to secure agency staff that were familiar with the hospital. There was a robust system in place to ensure agency staff were appropriately inducted to the service. We spoke with one agency member of staff who was very positive about the induction process and told us that they felt well supported by their colleagues.
- We reviewed recent duty rotas and noted that all areas had a sufficient number of trained nursing and support staff with the appropriate skill mix to ensure that patients were received the right level of care based on their needs..
- There was a Resident Medical Officer (RMO) based on site who reported any changes in a patient's condition to the responsible consultant, and together with the nursing team provided 24 hour medical support to patients. The RMO's utilised by this hospital were appropriately trained in Immediate Life Support (ILS), Advanced Life Support (ALS) and Advanced Paediatric Life Support (APLS) and they provided cover 24 hours a day for that week before rotating with the other RMO.
- Consultants and anaesthetists who were mainly employed by other organisations (usually in the NHS) in substantive posts and had practising privileges (the right to practice in a hospital) with Spire Liverpool Hospital. The consultant handbook provided by Spire outlined that consultants and anaesthetists were responsible for their individual patients during their hospital stay. The RMO and ward staff had a list of contacts for all the consultants and anaesthetists for each patient and told us they could be easily contacted when needed; however, there was no formalised on-call rota (or other mechanism) to show who was responsible for the care and treatment of patients if their consultant or anaesthetist was not available.
- Throughout our inspection both patients and staff told us that the hospital had sufficient staff.

Mortality rates and outcomes for patients

- The hospital had reported no instances of inpatient mortality in the reporting period October 2013 to September 2014.
- There had been no unexpected patient deaths from October 2013 to September 2014. However, one had been reported to the CQC in December 2014. A full root cause analysis investigation had been undertaken by the senior management team. Learning and actions had been identified and implemented. The case had been appropriately referred to the coroner.
- The national joint registry (NJR) data showed that hip and knee mortality rates at the hospital were in line with the national average.

Summary of findings

- Performance reported outcomes measures (PROMs) data between April 2013 and March 2014 showed that the percentage of patients with improved outcomes following hip replacement and knee replacement procedures was similar to the England average.
- The hospital had a performance target for at least 70% of NHS funded patients aged over 70 years to undergo hip replacements with cemented prosthesis. This target was achieved for all patients over the past six months.
- The rate of emergency readmissions to the hospital within 30 days of discharge was similar to the England average between June 2013 and May 2014.
- The number of unplanned patient transfers to another hospital was better than the England average between July and September 2014.
- The diagnostic imaging department had a yearly audit schedule in place and ensured all staff participated in these. Dose audits were conducted in line with Ionising Radiation (Medical Exposure) regulations (2000) (IR(ME)R) regarding protecting patients from the risks of unnecessary exposure to x-rays. The department was also audited externally from its commissioners, such as BUPA, to ensure the quality standards were being met. The reports were all positive.

Care and Compassion

- All the patients we spoke with were positive about the care and treatment they had received. We observed friendly staff treating patients with dignity and respect.
- Patients were kept involved in their care and treatment and staff were clear at explaining their treatment to them in a way they could understand.
- We were told of some good examples in surgery of how the hospital had shown a person centred approach to patient care and involved family or relatives even if that required a longer stay in the hospital.
- Patient feedback from the NHS Friends and Family Test (FFT) was consistently positive. Response rates for August, September and October 2014 were between 40% - 46%. Of those that responded, all respondents in August 2014 would recommend the hospital to friends and family, whilst 98% of respondents in September and October would.
- A Spire satisfaction survey conducted by the hospital for 2014 showed that 95% of respondents rated the care and attention from nurses as excellent (84%) or very good (11%). The results of the survey had consistently improved since 2012.
- Staff were caring and compassionate. Patients reported very high levels of satisfaction with the care they received and we observed many positive interactions between staff and patients.
- We saw people being treated as individuals and staff spoke to patients in a kind and sensitive manner.

Complaints

- Information on how to raise complaints was displayed in the areas we inspected.
- We reviewed a sample of complaints across the hospital, which showed that complaints were investigated in a timely way, appropriate responses were given to patients and lessons were learned as a result.
- Staff had a good understanding of the complaints process and feedback was given to staff individually if required. Learning from complaints was cascaded to all relevant staff during team meetings to raise awareness and improve patient experience.

The services we inspected were good overall; however, there were some areas of poor practice where the provider needs to make improvements.

The provider should:

- Review the terms of reference and frequency for hospital wide meetings to ensure they are effective in achieving their objectives.
- Review the hospital's risk management processes to ensure that all risks are captured, monitored and reviewed on a regular basis.

Summary of findings

- Ensure controlled drugs in the theatre recovery area are appropriately stored at all times.
- Ensure that action is taken to properly record the disposal of part vials of controlled drugs and improve compliance in medicine audits.
- Improve performance relating to patient fasting times whilst awaiting surgery to ensure current clinical guidelines are met.
- Implement a formalised system that shows which consultant or anaesthetist is responsible for a particular patient. This should include a nominated deputy for occasions when the responsible person is unavailable.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

The hospital had good systems and processes in place to prevent avoidable patient harm.

Patients received their care in a visibly clean and suitably maintained environment. There was a high standard of cleanliness throughout the hospital. Staff had been trained in and were aware of current infection prevention and control guidelines. Facilities and equipment were appropriate to manage infection risks.

There had been no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia infections, Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections or Clostridium difficile (C. diff) infections at the hospital between October 2013 and February 2015.

Staff were aware of the process for reporting incidents. All incidents, accidents and near misses were recorded and investigated. Any lessons learnt from the investigation were shared with staff to prevent recurrence.

Nurse staffing levels were calculated in advance and reviewed on a daily basis. There were sufficient numbers of skilled and suitably qualified nurses to meet the needs of patients. There were escalation arrangements in place so that additional staff could be brought into an area should there be either a gap in the planned staffing or if the level of dependency of the patients had increased.

There was a Resident Medical Officer (RMO) based on site who reported any changes in a patient's condition to the consultant responsible for their care, and together with the nursing team provided 24 hour medical support to patients.

Medicines were stored safely and we observed good practice where staff followed a safe medicines administration procedure.

Mandatory training was undertaken on a calendar year basis and the majority of staff had completed their required training in 2014. In addition, a high proportion of staff had undertaken their training for the 2015 calendar year at the time of our inspection. Staff were aware of safeguarding procedures and had received training in safeguarding children and vulnerable adults.

Patient records that we checked were accurate, complete, legible and up to date. The hospital stored records and patient identifiable information securely.

Summary of findings

Are services effective?

Not sufficient evidence to rate

We are not confident that we gathered sufficient evidence to be able to rate the effectiveness of surgery or outpatients and diagnostic imaging on this inspection.

Evidence based assessment, care and treatment was delivered in line with national guidance and quality standards by appropriately qualified staff. Pain management was effective and patients received suitable pain relief in a timely manner.

Surgical outcomes for patients were similar to the national average. The hospital had reported no instances of inpatient mortality in the reporting period October 2013 to September 2014; however, the hospital had reported one unexpected patient death in the reporting period October 2013 to December 2014. A full root cause analysis investigation was undertaken by the senior management team. Learning and actions had been identified and implemented. The case was appropriately referred to the coroner.

The number of unplanned patient transfers to another hospital was better than the England average between July and September 2014.

The hospital fell short of their performance target for at least 75% of patients to have fasted within current clinical guidelines whilst awaiting surgery, which meant that patients sometimes starved longer than they were clinically required to. An action plan had been created to address this issue.

A multi-disciplinary team approach was evident across the hospital. We observed good multi-disciplinary working in all the areas we inspected.

The majority of staff had completed the appraisal process for the 2014 calendar year, with the exception of theatre staff. However, all theatre staff had undergone an initial review during February and March 2015 and had set objectives and a personal development plan in place.

Consultants working at the hospital were utilised under practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital). Practising privileges were reviewed every two years by the hospital's senior management team. This included a review of appraisals, training, scope of practice and checks for any reported incidents related to the individual consultant. The hospital also participated in the re-validation process for doctors and monitored this to ensure appropriate re-validation had taken place.

Are services caring?

Outstanding

Staff across the hospital were polite and friendly to patients and visitors without exception.

Summary of findings

We rated caring in the surgical division as "outstanding" and we rated outpatients and diagnostic imaging as "good".

Staff were caring and compassionate. Patients reported very high levels of satisfaction with the care they received and we observed many positive interactions between staff and patients.

Staff treated patients with dignity and respect. Patients were kept involved in their care and treatment and staff were clear at explaining their treatment to them in a way they could understand.

We saw people being treated as individuals and staff spoke to patients in a kind and sensitive manner.

We were told of some positive examples in surgery of how the hospital had shown a person centred approach to patient care and involved family or relatives even if that required a longer stay in the hospital.

Patient feedback from the NHS Friends and Family Test (FFT) was consistently positive. Response rates for August, September and October 2014 were between 40% - 46%. Of those that responded, all respondents in August 2014 would recommend the hospital to friends and family, whilst 98% of respondents in September and October would.

A separate Spire satisfaction survey conducted by the hospital for 2014 showed that 95% of respondents rated the care and attention from nurses as excellent (84%) or very good (11%). The results of the survey had consistently improved since 2012.

Are services responsive?

Good

Overall we found the responsiveness across both services to be good.

Waiting times for outpatient appointments were short and within the national guidelines. Waiting times ranged from zero days for general surgery and gynaecology to the longest wait being 24 days for a nephrology consultant.Patients were offered a choice of appointment times to fit around their personal and work lives.

Hospital data showed that at least 90% of surgical patients were discharged prior to 11am over the last six months and this exceeded the hospital's performance target of at least 40%.

Referral to treatment (RTT) data for March 2015 showed that no patients waited longer than 18 weeks for treatment.

Information leaflets about the services were readily available in all the areas we visited. They were also available in the most commonly

requested languages: Mandarin, Somali, Polish, Farsi and Arabic. Leaflets could be provided in braille if requested. Patients whose first language was not English could access an interpreter and these were identified and booked in advance if required.

Complaints were investigated, appropriate responses were given to patients and lessons were learned as a result. The outcomes were discussed during team meetings to raise staff awareness and aid future learning.

Are services well-led?

Good

The surgery and outpatients and diagnostic services were well led locally.

The hospital vision was embedded in the departments and staff embraced the values in the work they undertook. The ethos was centred on the quality of care patients received and morale was high.

There were clearly defined and visible local leadership roles across both services. Theatres had recently appointed a new manager and whilst the appointment had been relatively recent, there was evidence this was having a positive impact.

Senior hospital staff provided visible leadership and motivation to their teams. The services were appropriately represented at senior management level and there was appropriate management of quality, governance and risks at a local level.

At the time of our inspection, the Hospital Director had only been in post for approximately 8 weeks and the application to become the registered manager with CQC was still being processed.

Staff were positive about the leadership of the hospital and described significant improvements since the appointment of the new Hospital Director. Senior staff were visible and approachable and it was clear that they were having a positive impact.

Staff were engaged and described an open culture where they felt they could raise issues or concerns and positively influence the services they were providing.

The hospital undertook a range of patient surveys and participated in the NHS Friends and Family Test; the results of which were all positive.

Since the appointment of the new hospital director, there was evidence that decisive action had been taken where governance issues had been highlighted; however, we found that some areas of risk management and governance required further development.

Summary of findings

We saw good evidence that risk assessments had been carried out locally in areas of concern; however, there was no hospital wide risk register that captured or monitored these risks. In addition, when incidents had been investigated, the hospital was sometimes slow to close the incident.

The purpose of hospital wide meetings was not always clear and some were infrequent. These should be reviewed to ensure they are effective and timely in achieving their aims.

All of the issues highlighted had been recognised by the senior management team and plans were being developed to address them.

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery	Good	There were good systems and processes in place to prevent avoidable patient harm. Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in visibly clean and suitably maintained premises and were supported with the right equipment. Medicines were stored safely and given to patients in a timely manner. The patient records we reviewed were completed appropriately. The staffing levels and skills mix was sufficient to meet patients' needs and staff assessed and responded to patient risks; however, there was no formalised on-call rota (or other mechanism) to show who was responsible for the care and treatment of patients if their consultant or anaesthetist was not available. Patients generally received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE) and Royal Colleges' guidelines. The hospital fell short of their performance target for at least 75% of patients to have fasted within current clinical guidelines whilst awaiting surgery, which meant that patients sometimes fasted longer than clinically necessary. An action plan had been created to address this issue. The majority of patients had a positive outcome following their care and treatment. Patients received pain relief suitable to them in a timely manner. The number of patients that had surgery and were readmitted to hospital within 30 days of discharge was similar to the England average. Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make an informed decision. All the patients we spoke with were positive about the care and treatment they had received. We observed friendly staff treating patients with dignity and respect. Patients were kept involved in their care and treatment and staff were clear at explaining their treatment to them in a way they could understand. We were told of some good examples of how the hospital had shown a person centred approach to patient care and involved family or relatives even if that required a longer stay in the hospital. Patient feedback from the

Summary of findings

NHS Friends and Family Test (FFT) and a separate Spire satisfaction survey were consistently positive and indicated that most patients would recommend the hospital's wards to friends and family. Patient needs were assessed prior to undergoing surgery. There was daily planning by staff and sufficient capacity in the wards and theatres to ensure patients were admitted, operated on and discharged in a timely manner. There were systems in place to support vulnerable patients, such as patients living with dementia. Complaints about the service were shared with staff to aid learning. The 'Spire' values and hospital vision was visible in the wards and theatres and staff had a good understanding of these. There was a clear governance structure in place with committees such as clinical governance, infection control, health and safety and medicines management feeding into the medical advisory committee (MAC) and hospital management team; however, these areas required further development. There was effective teamwork and visible leadership within the surgical services. Staff were positive about the culture and the support they received from the managers and the matron. The hospital director regularly engaged with staff through staff forums and staff spoke positively about the level of engagement by senior managers.

Outpatients and diagnostic imaging

Good

Incidents were reported and learning was shared across the departments. The environment was visibly clean, well maintained and in a good state of repair. Patient areas were comfortable and staff were aware of infection prevention and control guidelines. Equipment was appropriately serviced and the calibration tested prior to use (where required). Staff received training in mandatory and role specific areas. Patient risk was assessed and responded to appropriately. Staff worked to policies and procedures in line with local and national guidance. Clinical care pathways had been developed. Staff received regular one to one supervisions and yearly appraisals. We observed close, cohesive and collaborative working amongst all the teams in the hospital. Information was available for patients throughout the hospital. Staff had the appropriate skills and knowledge to seek consent from patients and explained how they sought verbal and implied informed consent during consultations. Patients received caring and supportive services in an environment that afforded

Summary of findings

them privacy, dignity and confidentiality. Staff were enthusiastic and respectful whilst providing care. We observed positive interactions between staff and patients. Patients could be referred to the hospital in a number of ways and had many options to book appointments that suited them. Waiting times for outpatient appointments were within the national guidelines. Interpreters could be booked for patients whose first language was not English, if required. Staff had access to telephone interpreter services and patient information leaflets which were translated into the most commonly requested languages. Wheelchair access was available but not in all areas. Information on how to raise compliments and complaints was displayed in the waiting areas and available in a number of languages. The vision was embedded in the departments and staff ethos was centred on the quality of care patients received. There were clearly defined and visible local leadership roles in each speciality within the outpatients and diagnostic imaging areas. Senior staff provided visible leadership and motivation to their teams. Staff and public satisfaction was positive. The diagnostic and imaging department were trialling an initiative to conduct scans on the same day for patients who had attended clinics. This reduced waiting times in the long term and meant patients didn't have to return another day. The mammography service was under review.

Good

Spire Liverpool Hospital

Detailed findings

Services we looked at
Surgery; Outpatients and diagnostic imaging.

Detailed findings

Contents

Background to Spire Liverpool Hospital

Spire Liverpool Hospital is run by Classic Hospitals Limited which is part of Spire Healthcare Group Plc. Spire Liverpool Hospital, previously known as Lourdes Hospital, is located in a residential area of south Liverpool which provides care and treatment for private (self-funding and insured) and NHS patients referred under the Standard NHS Acute Contract.

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Day surgery and inpatient treatment is provided for patients across a range of specialties, including urology, ophthalmology, orthopaedics, pain injection, minor hand surgery, minor neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery. There were 1,251 overnight patients and 7,458 day case patients admitted to the hospital between October 2013 and September 2014. There were also 8,513 visits to theatre recorded in that time. The majority of procedures were for non-complex orthopaedic surgery; however, the hospital does also carry out some complex procedures including arthroplasty and shoulder surgery.

The hospital has a policy which outlines the inclusion/exclusion criteria for patients based on acuity and the services available on site. As part of the pre-operative assessment process, patients with certain medical conditions are excluded from receiving treatment at the hospital. For example, patients with an American Society of Anaesthesiologists (ASA) physical status score of 4 are excluded. The majority of patients admitted to the hospital have an ASA score of 1 or 2. These patients are generally healthy or suffer from mild systemic disease.

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The outpatients and diagnostic imaging services provided by the hospital cover a wide range of specialties including neurology, orthopaedics, ear nose and throat (ENT), general medicine, physiotherapy, urology, cosmetic surgery and general surgery. The diagnostic and imaging department carries out routine x-rays as well as more complex tests such as MRI scans, CT scans and ultrasound scans. The service is open from 8am to 8pm Monday to Friday with some additional clinics on Saturdays. The hospital recorded 78,692 patient attendances between January 2014 and end of February

Detailed findings

2015. The most popular clinics were the orthopaedic clinics with around 16,000 attendances; ear, nose and throat (ENT) clinics at 6,000 attendances and the general surgery clinics with around 5,000 attendances.

Spire Liverpool Hospital was selected for a comprehensive inspection as part of the second wave of independent healthcare inspections. The inspection was conducted using our new methodology.

We carried out an announced inspection of Spire Liverpool Hospital between 18 and 19 March 2015. We also carried out an unannounced inspection of the hospital between 7:15pm and 8.30pm on 26 March 2015. The purpose of the unannounced inspection was to look at how the hospital operated at off-peak times.

The inspection team inspected the following core services:

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- Outpatients and diagnostic imaging

The hospital do provide fertility treatment services; however, these were not inspected as part of our inspection because these services are regulated by the Human Fertilisation and Embryology Authority (HFEA).

Our inspection team

Our inspection team was led by:

Inspection Manager: Simon Regan, Care Quality Commission

The team included three CQC inspectors and a variety of specialists including: a consultant surgeon, a cosmetic surgeon, two senior surgical nurses, a junior doctor and an expert by experience.

How we carried out this inspection

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

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

Before visiting the hospital, we reviewed a range of information we held about the hospital and spoke to the local clinical commissioning group. Patients were invited to contact CQC with their feedback. We carried out an announced inspection between 18 and 19 March 2015 and an unannounced inspection on 26 March 2015. We held focus groups with a range of staff in the hospital including nurses and medical staff. We also spoke with staff individually. We talked with patients and relatives and observed how people were being cared for and reviewed patients' records of their care and treatment.

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

Facts and data about Spire Liverpool Hospital

Spire Liverpool Hospital is registered to provide the following regulated activities:

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

The hospital provides treatment and care for patients referred under the Standard NHS Acute Contract, insured and self-pay referrals and provides outpatient, inpatient, diagnostic and therapeutic services.

The types of services offered at the hospital include, urology, ophthalmology, orthopaedics, pain injection,

Detailed findings

minor hand surgery, neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery.

The hospital utilise resident medical officers (RMOs) who provides 24 hour medical cover (on a weekly basis before rotating to the next RMO). There is a RMO at the hospital continuously all year round, as well as having 159 consultant medical staff across a range of disciplines who had been granted practising privileges. Practising privileges is a term used when the person managing the hospital grants a consultant permission to practise as a medical practitioner at that hospital. The majority of the consultants working under practising privileges were directly employed in neighbouring NHS organisations

There were over 50 registered nurses employed by the hospital as well as over 30 allied health professionals.

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

We will rate effectiveness where we have a sufficient amount of robust information which answers the Key Lines of Enquiry (KLOE) and reflect the prompts.

Surgery

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

Information about the service

Spire Liverpool Hospital provided day surgery and inpatient treatment for patients across a range of specialties, including urology, ophthalmology, orthopaedics, pain injection, minor hand surgery, minor neurosurgery, ear, nose and throat (ENT), gynaecology, endoscopies, general surgery (such as upper and lower gastrointestinal surgery) and cosmetic surgery. There were 1,251 overnight patients and 7,458 day case patients admitted to the hospital between October 2013 and September 2014. There were also 8,513 visits to theatre recorded in that time. The majority of procedures were for non-complex orthopaedic surgery; however, the hospital does also carry out some complex procedures including arthroplasty and shoulder surgery.

The hospital has a policy which outlines the inclusion/ exclusion criteria for patients based on acuity and the services available on site. As part of the pre-operative assessment process, patients with certain medical conditions are excluded from receiving treatment at the hospital. For example, patients with an American Society of Anaesthesiologists (ASA) physical status score of 4 are excluded. The majority of patients admitted to the hospital have an ASA score of 1 or 2. These patients are generally healthy or suffer from mild systemic disease.

The hospital previously provided surgical services for children from the age of three upwards. Due to the Independent Healthcare Advisory Services (IHAS) guidance on the care of children in the independent healthcare sector, the hospital ceased providing surgical services for children on 16 February 2015. At the time of our inspection surgery was only provided for adults (18 years and over). The outpatient services remained unchanged and any children identified as needing surgical treatment through an outpatient appointment would be referred to an alternative healthcare provider.

As part of the inspection, we inspected the treatment room, three operating theatres, the theatre recovery area (with three recovery bays), the pre-operative assessment unit, Rathbone ward (the day case unit with six trolleys), Lakeview ward (day case ward with 14 beds) and Oakfield ward (the general surgical ward with 18 beds).

During our inspection we spoke with a range of staff at different grades including nurses, doctors, consultants, the inpatient manager, the theatre manager, the matron / head of clinical services, the human resources manager and the quality and risk manager. We spoke with 8 patients, observed care and treatment and looked at 10 patient medical records. We received comments from people who contacted us to tell us about their experiences, and we reviewed performance information about the hospital.

Surgery

Summary of findings

There were good systems and processes in place to prevent avoidable patient harm. Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in visibly clean and suitably maintained premises and were supported with the right equipment. Medicines were stored safely and given to patients in a timely manner. Patient records we looked at were completed appropriately. The staffing levels and skills mix was sufficient to meet patients' needs and staff assessed and responded to patient risks.

Patients generally received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE) and Royal College of Surgeons guidelines. The majority of patients had a positive outcome following their care and treatment. Patients received pain relief suitable to them in a timely manner. The number of patients that had surgery and were readmitted to hospital within 30 days of discharge was similar to the England average.

The hospital fell short of their performance target for at least 75% of patients to have fasted within current clinical guidelines whilst awaiting surgery, which meant that patients sometimes fasted longer than clinically necessary. An action plan had been created to address this issue.

Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make an informed decision.

Patient feedback from the NHS Friends and Family Test (FFT) was consistently positive and indicated that most patients would recommend the hospital's wards to friends and family. A separate Spire satisfaction survey conducted by the hospital for 2014 showed very high levels of satisfaction across a range of indicators including care and attention from nurses and the care and attention from consultants. The results of the survey had consistently improved since 2012.

Patients spoke positively about their care and treatment. Staff treated patients with respect and patient's privacy was respected. Patients were kept involved in their care and treatment and staff were clear at explaining their treatment to them in a way they could understand.

We were told of some positive examples of how the hospital had shown a person centred approach to patient care and involved family or relatives even if that required a longer stay in hospital.

We saw people being treated as individuals and staff spoke to patients in a kind and sensitive manner.

Patient needs were assessed prior to undergoing surgery. There was daily planning by staff and sufficient capacity in the wards and theatres to ensure patients were admitted, operated on and discharged in a timely manner. There were systems in place to support vulnerable patients, such as patients living with dementia. Complaints about the service were shared with staff to aid learning.

The 'Spire' values and hospital vision was visible in the wards and theatres and staff had a good understanding of these. There was a clear governance structure in place with committees for such as clinical governance, infection control, health and safety and medicines management feeding into the medical advisory committee (MAC) and hospital management team; however, these areas required further development..

There was effective teamwork and visible leadership within the surgical services. Staff were positive about the culture and the support they received from the managers and the matron. The hospital director regularly engaged with staff through staff forums and staff spoke positively about the level of engagement by senior managers.

Surgery

Are surgery services safe?

Good

There were good systems and processes in place to prevent avoidable patient harm. Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in visibly clean and suitably maintained premises and were supported with the right equipment. Medicines were stored safely and given to patients in a timely manner; however, some controlled drugs were only kept in a single locked (instead of double locked) cabinet as required due to a lack of space. We were told that a replacement drugs cabinet had been ordered by the pharmacist to address this. Patient records we looked at were completed appropriately. The staffing levels and skills mix was sufficient to meet patients' needs and staff assessed and responded to patient risks.

Incidents

- The hospital had reported 333 clinical incidents requiring investigation, three of which were serious incidents relating to surgical services in the period November 2013 to October 2014. All three incidents occurred during the same month in April 2014.
- One incident related to a patient who encountered complications following a pain relieving injection. A root cause analysis investigation was carried out and actions were undertaken to prevent the possibility of recurrence. As part of the remedial actions, the patient received additional treatment to help support their recovery and improve mobility.
- The other two incidents related to errors in routine diagnostic tests carried out on patients prior to surgery. The incidents were investigated and the remedial actions taken to address the issue included sourcing the testing kits from a single manufacturer and additional training for staff in how to conduct these tests correctly.
- All staff (including agency workers) we spoke with were aware of the process for reporting any identified risks to staff, patients and visitors. All incidents, accidents and near misses were recorded on the hospital's electronic incident reporting system. Complaints and allegations of abuse were also logged recorded in this way.
- Incidents logged on the system were reviewed and investigated by the appropriate manager (depending on the area the incident took place) to look for improvements to the service. Serious incidents were investigated by staff with the appropriate level of seniority, such as the matron and the quality and risk manager.
- Staff told us incidents and complaints were discussed during monthly staff meetings so shared learning could take place. We saw evidence of this in the meeting minutes we looked at.
- Staff told us they received feedback directly to aid their learning if they were involved in an incident and that they were supported by their managers.
- Theatre staff carried out 'safety huddles' on a daily basis to ensure all staff had up-to-date information about risks, incidents and concerns.

Safety thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It looks at risks such as falls, pressure ulcers, bloods clots, catheter and urinary tract infections.
- Information relating to this was clearly displayed in the wards and theatre areas we inspected.
- Staff carried out risk assessments to identify patients at risk of falls and acquiring pressure ulcers and venous thromboembolism (VTE) as part of the pre-operative assessment process.
- There had been 14 patient falls reported by the hospital since January 2014. The inpatient manager and matron told us they had carried out a review of patient falls in September 2014 and increased patient monitoring. There had been a reduction in the number of falls reported since then. They also told us they were considering installing chair monitors for patients at high risk of falls as an additional safety measure.
- There had been two incidents of hospital-acquired pressure ulcers reported by the hospital during 2014. The hospital's own performance target was to achieve less than 0.07 pressure ulcer incidents at grade 2 and above per 1000 bed days. This target had not been achieved during the past six months but there was an action plan in place to improve compliance by ensuring that patients at risk of developing pressure ulcers are identified during pre-operative assessments and ward staff carry out hourly checks to monitor patients identified as high risk.

- There had been three cases of hospital-acquired VTE reported between October 2013 and September 2014. There had been no further cases reported since September 2014.
- The hospital carried out an audit of VTE risk assessments for all NHS funded patients. Since October 2013, the hospital consistently achieved its target for VTE risk assessments to be completed for at least 95% of NHS funded patients.
- All privately funded patients received VTE risk assessments but these were not routinely audited for each patient, which was in line with Spire policy. The hospital carried out an additional VTE audit every three months and reviewed a random selection of 10 NHS and private funded patients as part of this audit.

Cleanliness, infection control and hygiene

- There had been no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia infections, Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia infections or Clostridium difficile (C. diff) infections at the hospital between October 2013 and February 2015.
- All patients admitted underwent MRSA screening. Patients identified with an infection could be isolated in their rooms to support the management of cross infection risks.
- There was an outbreak of suspected Norovirus during February 2015 amongst staff within the wards and theatre areas involving approximately 20 cases of diarrhoea and vomiting. An emergency infection control meeting took place and appropriate remedial actions had been taken to minimise the spread of infection, such as sending staff with symptoms home (for a minimum period of 48 hours) and ensuring hand hygiene and cleanliness standards were maintained. No patients were affected by the outbreak.
- Hospital data showed that between March 2014 and February 2015 there had been a total of 52 surgical site infections following surgery at the hospital.
- The hospital performed slightly worse than its own performance target of less than 0.6% surgical site infections as a percentage total hip procedures and had achieved a surgical site infection rate of 0.64% during the past three months.
- The hospital achieved its target of less than 0.6% surgical site infections as a percentage total knee procedures. There were no surgical site infections following knee surgery during the past six months.
- The quality and risk manager told us surgical site infections data was collated monthly and reported to the local NHS clinical commissioning group (CCG) and to the hospital's corporate head office.
- Surgical site infection rates were reviewed as part of clinical governance meetings. The quality and risk manager told us they had not identified any recurring infections or trends that could attribute to the infection rates.
- The preoperative assessment area, wards and theatres were visibly clean. Staff were trained in; and aware of current infection prevention and control guidelines. Cleaning schedules were in place, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. There were enough hand wash sinks and hand gels. We observed staff following hand hygiene and 'bare below the elbow' guidance.
- Hand hygiene compliance was monitored by measuring the usage of hand gels every six months. The matron told us they would carry out observational audits if they identified low usage of hand gel by the staff.
- Staff were observed wearing personal protective equipment, such as gloves and aprons, while delivering care. Gowning procedures were adhered to in the theatre areas.
- The infection control lead nurse had recently left the hospital and a nursing team leader from the ward areas was carrying out the duties of the infection control nurse three days per week whilst the hospital recruited a replacement.

Environment and equipment

- The preoperative assessment area, wards and theatre areas were visibly clean, well maintained and free from clutter.
- The Oakfield ward (inpatient surgical ward) was being refurbished at the time of our inspection. The refurbishment activities included replacing baths with walk-in showers in patient's rooms. The inpatient

manager told us there were still three patient rooms with baths that required upgrading and the work was due for completion by May 2015. The carpet in the main ward corridor had also been replaced with flooring.

- All equipment we observed in the preoperative assessment and theatre areas was visibly clean and well maintained.
- Staff told us that all items of equipment were readily available and any faulty equipment was repaired or replaced in a timely manner. Equipment servicing was managed by the maintenance manager, who arranged for equipment to be serviced by external contractors. We saw that equipment such as hoists, operating theatre equipment and blood pressure monitors included labels showing they had been serviced and when they were next due for servicing.
- Reusable surgical instruments were sterilised in a dedicated sterilisation unit off site at another Spire Hospital. Staff in the theatres told us they always had access to the equipment they needed to meet patients' needs. We saw that single- use sterile instruments were stored appropriately and kept within their expiry dates.
- Reusable endoscopes (which are used to look inside a body cavity or organ) were cleaned and decontaminated in a dedicated decontamination room. The facility had not yet achieved joint advisory group for gastrointestinal endoscopy (JAG) accreditation. However, we saw that scopes were decontaminated in accordance with best practice guidelines with a segregated clean and dirty area and use of a coding system for traceability. The hospital was working towards JAG accreditation for endoscopy services with the audit scheduled for 2016.
- The hospital had an agreement in place to supply emergency blood if needed. Two units of O negative blood were kept on site in a dedicated fridge and staff carried out daily checks to ensure this was stored appropriately and kept within expiry dates.
- There was a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff across the surgical services and responded to in a timely manner.
- Emergency resuscitation equipment was available across all areas and records indicated it was checked on a daily basis by staff.

Medicines

- There was no on-site pharmacy at the hospital; however medicines were supplied by a corporate pharmacy supplier. We were told of plans to open an on-site pharmacy during 2015 and a pharmacy manager post had been advertised to manage this service.
- A pharmacist and pharmacy technician were employed by the hospital and they were available during weekdays. The pharmacist was on-call outside of normal working hours and at weekends.
- Medicines, including controlled drugs, were securely stored. Access to the medication room was restricted via a key coded system. The controlled drugs cabinet in the theatre recovery area was double locked but medication such as morphine was sometimes only kept in a single locked cabinet due to a lack of space. We were told that a replacement drugs cabinet had been ordered by the pharmacist to address this.
- A pharmacist reviewed all medical prescriptions, including antimicrobial prescriptions, to identify and minimise prescribing errors.
- A pharmacist also carried out medication audits in the ward and theatre areas at least every three months to check that medicines were prescribed appropriately and documented correctly. The audits for January and February 2015 showed compliance ranged from 74% to 77%. The key issues identified included documentation errors such as missing signatures and the disposal of part vials of controlled drugs not being recorded correctly. The pharmacist discussed audit findings with staff to aid their learning.
- The pharmacy technician carried out daily checks of controlled drugs and medication stocks to ensure that medicines were reconciled correctly.
- We saw that medicines that required storage at temperatures below 8ºC were appropriately stored in medicine fridges. Records indicated that fridge temperatures were checked daily.
- We looked at the medication administration records for four patients on Oakfield ward and these were complete and up to date. We also saw that where patients had received oxygen treatment, the use of oxygen had been prescribed and documented correctly on their medication charts.

Surgery

Records

- The hospital used paper based patient records and these were securely stored in each area we inspected.
- We looked at the records for 10 patients. All of the records were well structured, legible and up to date.
- Patient records included appropriate risk assessments for things such as patient falls, venous thromboembolism (VTE), pressure care and nutrition and they were completed correctly.
- Patient records showed that nursing and clinical assessments were carried out before, during and after surgery and these were documented correctly.

Safeguarding

- Staff received mandatory training in the safeguarding of vulnerable adults and children as part of their induction followed by annual safeguarding refresher training.
- Hospital data showed that 79.5% of theatre staff and 100% of ward staff had completed safeguarding refresher training during 2014.
- The staff we spoke with were aware of how to identify potential abuse and report safeguarding concerns. The matron was the named safeguarding lead for the hospital.
- There had been no reported safeguarding incidents relating to surgery at the hospital during the past 12 months.
- Information on how to report safeguarding concerns was clearly displayed in the areas we inspected.

Mandatory training

- As part of their induction, staff received training in child protection, information governance, protection of vulnerable adults, equality and diversity and compassion in practice. Staff also completed annual refresher training in fire safety, infection control, health and safety and safeguarding. Moving and handling training took place every two years. The mandatory training was delivered either face-to-face or via e-learning.
- Mandatory training was delivered on a rolling annual programme and monitored on a quarterly basis across the calendar year. Hospital data showed that the majority of staff across the surgical services (94%) had completed their mandatory training during 2014 and that a high proportion of staff had already completed their mandatory training for 2015 calendar year at the time of our inspection.
- For clinicians that were employed by other organisations (usually in the NHS) in substantive posts and had practising privileges (the right to practice in a hospital) with Spire Liverpool Hospital; mandatory training was usually undertaken at their primary employer and this was monitored by Spire Liverpool to ensure it had taken place. Where clinicians did not have another employer, they utilised Spire's mandatory training programme and this was appropriately monitored for completion.

Assessing and responding to patient risk

- An emergency bleep system was available for staff to use in case of emergency or a deteriorating patient. An emergency response team led by the resident medical officer (RMO) would attend to the patient. The hospital utilised two RMOs who worked on a weekly rotation and were based on site 24 hours a day for that whole week before handing over to the next RMO. The RMOs utilised by this hospital were appropriately trained in Immediate Life Support (ILS) and Advanced Life Support (ALS) for adults and children.
- Staff were aware of how to escalate key risks that could impact on patient safety, such as staffing and bed capacity issues and there was daily involvement by the ward and theatre managers and the matron to address these risks.
- Prior to undergoing surgery, staff carried out preoperative risk assessments to identify patients at risk of harm. Patients at high risk were placed on care pathways and care plans were put in place to ensure they received the right level of care.
- Patients were assessed by an anaesthetist and surgeon prior to planned surgery to identify patients with underlying medical conditions or those deemed at risk of developing complications after surgery and a decision was made whether they could be operated on at the hospital.
- Staff used early warning score systems and carried out routine monitoring based on the patient's individual needs to ensure any changes to their medical condition could be promptly identified.
- The hospital was a member of the Cheshire and Mersey Critical Care Network and had a transfer agreement in

place with the network to ensure patients could be transferred to a local acute trust if needed. Where a patient's health deteriorated, staff were supported with medical input to stabilise patients prior to transfer.
- There had been five transfers of surgical patients to other hospitals since March 2014. This included three patients with heart-related conditions, one with pneumonia and one patient identified with low sodium levels. In each case, the patients were stabilised by the consultant anaesthetist and surgeon, before being transferred, in accordance with the hospital's policy for transferring critically ill patients.
- We observed three theatre teams undertake the 'five steps to safer surgery' procedures, including the use of the World Health Organization (WHO) checklist. The theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the 'five steps to safer surgery' procedures.
- The theatre manager carried out a monthly audit to monitor adherence to the WHO checklist by reviewing completed records across the theatres department. However, the WHO audit did not include observing the checklist being performed during surgical procedures. We discussed this with the theatre manager, who confirmed the addition of observational checks would be reviewed.
- The WHO audit report for February 2015 looked at a sample of 20 patients and showed compliance across 11 measures ranged from 80% to 100%. The audit report showed that any issues identified during the audit were discussed with the theatre teams during safety briefs to aid learning.

Nursing staffing

- Nursing staff handovers occurred three times daily and included discussions around patient needs, medication and their present condition.
- The ward and theatre areas had a sufficient number of trained nursing and support staff with an appropriate skill mix to deal with the acuity of patients in their care.
- Ward staff rotated across the three wards to ensure their skill levels were appropriate for both inpatient and day case specialties.
- The Oakfield ward accommodated overnight patients seven days per week and rota's show that staffing levels were suitably maintained during out-of-hours and weekends.
- There were two nurse vacancies in the ward areas. Within the theatres, there were four nursing staff vacancies and a vacant deputy theatre manager post. The ward and theatre managers told us recruitment to these posts was ongoing and the vacancies had been advertised.
- The matron and inpatient manager told us they had previously trialled the use of the Shelford 'Safer Nursing Care Tool' but no longer used this tool to monitor staffing levels because the majority of patients were only admitted to the hospital for a short period of time.
- The inpatient manager told us that the staffing establishment were set in advance based on planned procedures and patient acuity. Staffing levels were increased if a patient requiring additional support was identified during their pre-operative assessment. During the inspection, we saw that an additional nurse was in place to provide 1:1 support for a patient that underwent complex breast and abdominal surgery.
- There was low usage of agency staff for inpatient ward nurses and clerical / administrative staff between October 2013 and October 2014.
- The ward and theatre managers told us staffing levels were maintained during busy periods or for staff sickness through the use of bank and agency staff. They told us they tried to use the same agency staff where possible as they would be more familiar with their policies and procedures.
- Staffing levels were constantly reviewed by the matron to ensure that patients had the appropriate levels of care and support.
- Patients spoke positively about the staff and did not identify any concerns relating to staffing levels.

Surgical staffing

- Surgical procedures were carried out by a team of consultant surgeons and anaesthetists who were mainly employed by other organisations (usually in the NHS) in substantive posts and had practising privileges (the right to practice in a hospital) with Spire Liverpool Hospital.
- Medical cover on the wards was provided by two resident medical officers (RMOs) that worked alternate shifts for one week at a time. During their shift, the RMO was based at the hospital 24 hours per day for that week. The RMO was resident on site and was available on-call during out-of-hours.

Surgery

- During their shift, the RMO was responsible for providing medical cover on the ward. Their duties included the monitoring of patients in the ward areas, prescribing medicines and taking blood samples if needed.
- The RMO's utilised by this hospital were appropriately trained in Immediate Life Support (ILS) and Advanced Life Support (ALS) for adults and children.They told us they received induction training and were provided with hospital policies applicable to their role, such as the policy for patient transfer. They also told us they received good support from the ward staff and could contact the consultant or anaesthetist responsible for a particular patient if further advice or support was needed.
- Ward staff told us that the RMO cover was sufficient to meet patient needs because the majority of patients were deemed low risk and did not have complex medical needs.
- The consultants and anaesthetists were responsible for their individual patients during their hospital stay. The RMO and ward staff had a list of contacts for all the consultants and anaesthetists for each patient and told us they could be easily contacted when needed; however, there was no formalised on-call rota (or other mechanism) to show who was responsible for the care and treatment of patients if their consultant or anaesthetist was not available.

Major incident awareness and training

- There was a business continuity plan that listed key risks that could affect the provision of care and treatment. Each department had guidance available for staff in the event of a major incident, such as a fire or power failure.
- There was a hospital-wide resuscitation team in place for dealing with medical emergencies. The team was led by the RMO and included a team of nurses and supporting staff that were trained in Immediate Life Support (ILS) and Advanced Life Support (ALS) for adults and children.

Are surgery services effective?

Not sufficient evidence to rate

Patients generally received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE) and Royal Colleges'. The service planned to use enhanced recovery pathways for patients undergoing orthopaedic surgery by the end of 2015.

The majority of patients had a positive outcome following their care and treatment. Patients received pain relief suitable to them in a timely manner. The number of patients that had surgery and were readmitted to hospital within 30 days of discharge was similar to the England average.

The hospital's performance target was for at least 75% of patients to have fasted within current clinical guidelines whilst awaiting surgery; however, this target was only achieved for 48% of patients during the past three months, which meant that some patients fasted longer than was clinically necessary prior to surgery. An action plan had been created to address this issue.

Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Consultants working at the hospital were employed under practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital). Practising privileges were reviewed every two years by the site management team. Staff sought consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make their own decisions.

Evidence-based care and treatment

- Patients received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE) and guidance from the Royal Colleges'.
- There were specific care pathways in place for hip and knee replacement procedures which were based on national guidance.
- There were plans to introduce the use of enhanced care and recovery pathways for patients undergoing orthopaedic surgery by the end of 2015.

- Policies and procedures reflected current guidelines and staff told us they were easily accessible via the hospital's intranet. The hospital's governance lead was responsible for ensuring policies were kept up to date.

Pain relief

- Patients were assessed pre-operatively for their preferred post-operative pain relief.
- Staff used a pain assessment score to assess the comfort of patients both as part of their routine observations and at a suitable interval of time after giving pain relief.
- Ward staff told us patients experiencing moderate or severe pain after surgery remained in the theatre recovery area and were not transferred to the wards until the pain symptoms were controlled.
- Patient records we looked at showed that patients received the required pain relief and they were treated in a way that met their needs and reduced discomfort. The patients we spoke with told us they received good support from staff and their pain relief medication was given to them as and when needed.
- The hospital's 'pain management improvement group' had recently been set up. This group included an anaesthetist and pharmacist and their main role was to review the use of pain medication and to ensure they met best practice guidelines.
- Patients were given an information leaflet to take home which provided information on how to manage pain symptoms following discharge from the hospital.

Nutrition and hydration

- Patient records included an assessment of patient's nutritional requirements.
- The patients we spoke with told us they were offered a choice of food and drink and spoke positively about the quality of the food offered.
- Patients with difficulties eating and drinking were placed on special diets. Staff understood people's cultural needs. For example, staff could provide 'halal' or 'kosher' meals if requested
- The hospital's performance target was for at least 75% of patients to have fasted within current clinical guidelines whilst awaiting surgery; however, this target was only achieved for 48% of patients during the past three months, which meant that patients were fasted for longer than required. An action plan had been created to address this issue. Staff told us they provided patients with food and drink as soon as practicable following surgery.

Patient outcomes

- There had been one patient death reported by the hospital within the past year. The patient had undergone surgery at the hospital during December 2014 and was discharged from the hospital. The patient was later admitted to a local NHS acute hospital following a stroke and died whilst in the acute hospital. The investigation found that pre-operative assessments had been conducted and the decision to undertake surgery and discharge the patient was correct. The quality and risk manager told us each patient death was investigated and reviewed at clinical governance meetings.
- The national joint registry (NJR) data showed that hip and knee mortality rates at the hospital were in line with the national average.
- Performance reported outcomes measures (PROMs) data between April 2013 and March 2014 showed that the percentage of patients with improved outcomes following hip replacement and knee replacement procedures was similar to the England average.
- The hospital had a performance target for at least 70% of NHS funded patients aged over 70 years to undergo hip replacements with cemented prosthesis. This target was achieved for all patients over the past six months.
- The rate of emergency readmissions to the hospital within 30 days of discharge was similar to the England average between June 2013 and May 2014.
- The number of unplanned patient transfers to another hospital was better than the England average between July and September 2014.

Competent staff

- Newly appointed staff underwent an induction process for two weeks and their competency was assessed prior to working unsupervised.
- Staff told us they received routine appraisals based on an interim six-monthly review and an annual (calendar year) appraisal. Records showed that 100% of nursing staff and 100% of allied health professionals had completed their appraisals during 2014.

- The theatre staff had not completed their appraisals during 2014. However, all theatre staff had undergone an initial review during February and March 2015 and had set objectives and a personal development plan in place.
- Consultants working at the hospital were utilised under practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital). Practising privileges were reviewed every two years by the hospital's senior management team. This included a review of appraisals and scope of practice and checks for any reported incidents related to the individual consultant. Spire Liverpool also participated in the re-validation process for Doctors and monitored this to ensure appropriate re-validation had taken place.
- Records showed there were 159 consultants utilised at the hospital under practising privileges and these had been reviewed. The human resources manager confirmed that eight practising privilege reviews were currently on hold because relevant documents such as appraisal records had not been received. Two consultants were under investigation at the time of our inspection and Spire had appropriately informed their substantive employer.
- Staff were positive about on-the-job learning and development opportunities and told us they were supported well by their line managers.
- The theatre department included three trained surgical first assistants (a theatre practitioner assisting the operating surgeon in place of a doctor). We spoke with a surgical first assistant who told us they were identified in advance and if needed, one assister would be present in the theatre as an additional member of the team. They also told us they could decline the role if they felt it was not appropriate and their decision would be fully supported by the theatre manager.

Multidisciplinary working

- There was effective daily communication between multidisciplinary teams within the ward and theatres. Staff told us they had a good relationship with consultants and resident medical officer (RMO). The RMO and pharmacist attended daily nursing handover meetings.
- Theatre staff carried out 'safety huddles' on a daily basis to ensure all staff had up-to-date information about risks and concerns.
- Physiotherapy services were available seven days per week. There were no occupational therapists at the hospital but patients could be referred to NHS community services prior to discharge.
- The pre-operative assessment staff identified patients requiring social worker support and the social workers could visit patients during their stay at the hospital if required and they would also be involved in discharge planning arrangements.
- Patient records showed that there was routine input from nursing and medical staff and allied health professionals, such as physiotherapists.

Seven-day services

- Routine surgery was performed in the theatres during weekdays and on Saturdays. Theatre lists also operated on Sundays during busy periods.
- The Lakeview ward and Rathbone ward were mainly used for day case patients and operated during normal weekday hours and were not open overnight or at weekends.
- The Oakfield ward accommodated overnight patients seven days per week and staffing levels were suitably maintained during out-of-hours and weekends.
- The RMO provided out-of-hours medical cover for the inpatient ward 24 hours a day. The RMO and ward staff had a list of contacts for all the consultants and anaesthetists for each patient and told us they could be easily contacted when needed.
- There was an on-call rota for key staff groups, including senior managers, pharmacy, physiotherapy and imaging (such as X-rays). Physiotherapy cover was available on weekends. The pharmacist was available on-call outside of normal working hours and at weekends.

Access to information

- The hospital used paper patient records. The records we looked at were complete, up to date and easy to follow. They contained detailed patient information and copies of scans/test results from admission and surgery through to discharge. This meant that staff could access all the information needed about the patient at any time.
- We saw that information such as audit results, performance information and internal correspondence were displayed in all the areas we inspected. Staff could access information such as policies and procedures from the hospital's intranet.

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The staff we spoke with had the appropriate skills and knowledge to seek consent from patients or their representatives. The staff we spoke with were clear on how they sought verbal informed consent and written consent before providing care or treatment.
- The consultants sought consent from patients undergoing surgery during the initial consultation and again on the day of surgery. Patient records showed that verbal or written consent had been obtained from patients or their representatives and that planned care was delivered with their agreement.
- Staff were aware of the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). Patients that lacked capacity were identified during their pre-operative assessment and staff could seek advice from external agencies, such as local mental health services in order to complete capacity assessments.
- Where patients lacked the capacity to make their own decisions, staff told us they sought consent from an appropriate person (advocate, carer or relative) that could legally make those decisions (for health and welfare) on the patient's behalf. When this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals and social workers if needed.

Are surgery services caring?

Outstanding ☆

Patient feedback from the NHS Friends and Family Test (FFT) was consistently positive and indicated that most patients would recommend the hospital's wards to friends and family. A separate Spire satisfaction survey conducted by the hospital for 2014 showed very high levels of satisfaction across a range of indicators including care and attention from nurses and the care and attention from consultants. The results of the survey had consistently improved since 2012. We spoke with eight patients and they all spoke positively about their care and the way they were treated by staff. We observed friendly staff treating patients with dignity and respect. Patients were kept involved in their care and treatment and staff were clear at explaining their treatment to them in a way they could understand. We were told of some good examples of how the hospital had shown a person centred approach to patient care and involved family or relatives even if that required a longer stay in the hospital. We saw people being treated as individuals and staff spoke to patients in a kind and sensitive manner.

Compassionate care

- We spoke with eight patients and they were all complimentary towards the staff and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included "the staff are very friendly" and "staff were helpful, reassuring and questions were answered fully".
- We observed staff going out of their way to assist patients or relatives with whatever they needed when providing care. All staff spoke to patients in a polite, respectful and courteous manner. Patients transferred between the ward and theatre areas were given dressing gowns and slippers.
- We saw people being treated as individuals and staff spoke to patients in a kind and sensitive manner.
- The matron gave a positive example of how the hospital had adapted to meet the needs of a patient with challenging behaviour to protect their dignity and privacy. The hospital had recognised that the patient needed to be brought into the hospital in a way that allowed for minimal contact with other patients so as to avoid any embarrassment or dignity and privacy issues. The matron described how it was dealt with in a person centred way by all staff to ensure that treatment could be given in a manner that protected their dignity and privacy.
- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patients' satisfaction with the healthcare they have received. The test data for NHS funded patients between April 2014 and September 2014 showed that surgical wards had consistently high scores (greater than 90%) and the response rates varied between 30% and 50%. In August 2014, 100% of respondents said they would recommend the hospital to friends and family. These results indicated that the majority of patients were positive about recommending the hospital's wards to friends and family.
- A Spire satisfaction survey conducted by the hospital for 2014 showed that 95% of respondents rated the care

and attention from nurses as excellent (84%) or very good (11%). Similarly, 96% of respondents rated the care and attention from consultants as excellent (81%) or very good (15%). In addition to this, 98% of patients who responded agreed that staff went out of their way to make a difference. The results of the survey had consistently improved since 2012.

- We saw that patients' bed curtains were drawn when staff cared for patients in the Rathbone ward (day case unit) and theatre recovery area.
- Patients could only access the mobile theatre by walking through the recovery area whilst there were other patients being recovered post operatively. A risk assessment had been completed and ward staff alerted the recovery staff prior to entering with a patient allowing the recovery staff to close curtains in all the bay areas to ensure patient dignity and confidentiality.

Understanding and involvement of patients and those close to them

- Patient records we looked at included pre-admission and pre-operative assessments that took into account individual patient preferences.
- Discharge planning was considered pre-operatively and discussed with patients and relatives to ensure appropriate post-operative caring arrangements were in place.
- A patient told us their relative was unable to collect them from the hospital on the day of their planned discharge. The patient spoke positively about the support given by the ward staff, who arranged for them to stay in the hospital for an additional night so they could be safely collected from the hospital by their relative.
- Patients told us they were kept informed about their treatment and the staff were clear at explaining their treatment to them in a way they could understand. They also spoke positively about the information they received verbally and also in the form of written materials, such as information leaflets specific to their treatment.

Emotional support

- Patients told us the staff were understanding, calm, reassuring and supportive and this helped them to relax prior to undergoing surgery.
- We witnessed a positive interaction between staff and a patient undergoing hand surgery with a local anaesthetic which meant they were awake. The patient was clearly very nervous and we saw that theatre staff were very supportive and re-assuring throughout the process.
- Counselling services were not provided at the hospital; however staff told us patients or their relatives could be given information for external organisations such as bereavement services, if needed.

Are surgery services responsive?

Good

Patients were assessed prior to undergoing surgery and staff were proactive in meeting patient needs. Discharge planning was covered during the pre-assessment to determine how many days patients would need on the ward as well as ascertaining whether patients were likely to require additional support at home when they were discharged.

There was daily planning by staff to ensure patients were admitted and discharged in a timely manner. There was sufficient capacity in the wards and theatres to ensure patients admitted for surgery could be seen promptly and receive the right level of care. There were systems in place to support vulnerable patients, such as patients living with dementia. Complaints about the service were investigated and lessons learnt were shared with staff.

Service planning and delivery to meet the needs of local people

- The hospital had a policy which outlined the inclusion/exclusion criteria for patients. As part of the pre-operative assessment process, patients with certain medical conditions were excluded from receiving treatment at the hospital. For example, Patients with an American Society of Anaesthesiologists (ASA) physical status score of 4 were excluded. The majority of patients admitted to the hospital had an ASA score of 1 or 2 i.e. patients that were generally healthy or suffered from mild systemic disease
- Patients had an initial consultation to determine whether they needed surgery, followed by pre-operative

assessment. Where a patient was identified as needing surgery, staff were able to plan for the patient in advance so they did not experience delays in their treatment when admitted to the hospital.
- The Lakeview ward had 14 additional beds that were used for day case procedures when extra capacity was required.
- All the patient rooms in the Oakfield and Lakeview wards were single rooms, so patient privacy could be maintained.
- The hospital previously provided surgical services for children from the age of three upwards. Due to the Independent Healthcare Advisory Services (IHAS) guidance on the care of children in the independent healthcare sector, the hospital ceased providing surgical services for children on 16 February 2015. At the time of our inspection the hospital only provided adult inpatient services (18 years and over) and any children identified as needing treatment would be referred to an alternative healthcare provider.

Access and flow

- There were 1251 overnight patients and 7458 day case patients admitted to the hospital between October 2013 and September 2014.
- Staff told us approximately 85% of patients treated at the hospital were NHS funded patients. The remainder were private insured and self-paying patients. The majority of NHS funded patients were referred to the hospital by their general practitioner (GP) via the NHS 'choose and book' system.
- Referral to treatment (RTT) data for March 2015 showed that no patients waited longer than 18 weeks for treatment.
- The inspection did not highlight any concerns relating to the admission, transfer or discharge of patients from the ward or theatres. The patients we spoke with did not have any concerns in relation to their admission, waiting times or discharge arrangements.
- The nursing team leader and the inpatient booking coordinator carried out a daily bed management meeting to discuss admissions for the forthcoming day and to identify patients with specific needs. There was daily communication between the ward and theatre staff to manage patient flow.
- We identified one patient that was admitted to the hospital without having a pre-operative assessment. The patient was admitted by a consultant as an urgent case and we were assured that the decision to admit was clinically justified. The patient's records showed that the patient was seen by an anaesthetist and consultant upon admission and all relevant assessments were carried out prior to surgery.
- Discharge planning was covered during pre-assessment to determine how many days patients would need on the ward as well as ascertaining whether patients were likely to require additional support at home when they were discharged.
- Patient records we looked at showed staff had completed a discharge checklist that covered areas such as medication and communication to the patient and other healthcare professionals, such as GP's, to ensure patients were discharged in a planned and organised manner.
- Hospital data showed that at least 90% of patients were discharged prior to 11am over the last six months and this exceeded the hospital's performance target of at least 40%.
- Hospital data showed that between October 2014 and February 2015 there had been 61 operations cancelled on the day of surgery. This included 54 cancellations for clinical reasons and seven cancellations for non-clinical reasons.
- The theatre manager told us the main reasons for non-clinical cancellations were staff or equipment unavailability. The theatre manager confirmed daily scheduling meetings took place and theatre lists rarely started late or overran. Cancelled operations were logged on the incident reporting system and reviewed to look for improvements to the service.
- Theatre staff told us that patients identified as high risk, such as diabetic patients, were usually scheduled for surgery at the beginning of the theatre lists in case they developed complications during their procedure.
- To minimise the risk of wrong site surgery and reduce the need to move equipment from one side of the theatre to the other, theatre lists were planned to take account of which side of the body surgery was planned for. For example, patients undergoing knee replacement surgery were scheduled so that all patients requiring surgery on one side (e.g. left knee) were completed before moving on to the opposite side (right knee).

Surgery

Meeting people's individual needs

- Information leaflets about the services were readily available in all the areas we visited. Staff told us they could provide leaflets in different languages or other formats, such as braille if requested.
- Patients whose first language was not English could access an interpreter and these were identified and booked before admission if needed.
- As part of the pre-operative assessment process, patients with certain conditions were excluded from undergoing treatment at the hospital. For example, patients with complex pre-existing medical conditions, a pacemaker or a body mass index (BMI) of greater than 50. Patients that had received cancer treatment within the last three months and patients with a BMI between 40 and 50 were automatically referred for anaesthetic review.
- The hospital did not provide surgical services for bariatric patients. Patients requiring bariatric equipment were offered services at another Spire hospital.
- The pre-operative assessment identified patients living with dementia or a learning disability and this allowed the staff to decide whether they could accommodate these patients or refer them to another healthcare provider that could meet their needs. Ward and theatre staff told us patients living with dementia or a learning disability would normally be accompanied by a carer.

Learning from complaints and concerns

- Information on how to raise complaints was visibly displayed in the areas we inspected.
- Patients told us they did not have any concerns but would speak with the staff if they wished to raise a complaint. The staff we spoke with understood the process for receiving and handling complaints.
- We reviewed a sample of complaints across the hospital, which showed that complaints were investigated, appropriate responses were given to patients and lessons were learned as a result.
- Staff told us that information about complaints was discussed during monthly team meetings to raise staff awareness and aid future learning. We saw evidence of this in the meeting minutes we looked at.

Are surgery services well-led?

Good

Surgical services were led overall by the hospital matron with support from the inpatient manager and theatre manager.

The 'Spire' values and hospital vision was visible in the wards and theatres and staff had a good understanding of these. There was a clear governance structure in place with committees for such as clinical governance, infection control, health and safety and medicines management feeding into the medical advisory committee (MAC) and senior management team; however, these areas required further development.

There was effective teamwork and visible leadership within the surgical services. Staff were positive about the culture and the support they received from the managers and the matron. The hospital director regularly engaged with staff through staff forums and staff spoke positively about the level of engagement by senior managers.

Vision and strategy for this service

- The hospital vision was 'to be an integral part of the health community in Liverpool, to deliver the highest standards of care in an excellent environment and to be a great place to work'.
- The 'Spire' values included 'caring is our passion', 'succeeding together' and 'driving excellence'.
- The vision and values were clearly displayed had been cascaded to staff across the ward and theatre areas. Objectives were linked to the vision and values and staff had a good understanding of them.

Governance, risk management and quality measurement

- There was a clear governance structure in place with committees such as clinical governance, infection control and health and safety / risk management feeding into the medical advisory committee (MAC) and hospital management team; however, these areas required further development.
- The surgical services had clinical dashboards in place that showed performance against key performance targets including patient safety, records compliance and staffing levels and training. These were displayed on notice boards in the areas we inspected.

- Where targets were not being met, these were raised at the Health and Safety/Risk meeting by producing the clinical dashboard. The human resources manager, who was also the health and safety officer, told us the risk register and clinical dashboard were reviewed during routine health and safety / risk management meetings that were attended by the site management team. Meeting minutes confirmed that this was the case, although the meetings weren't frequent. The most recent meeting was in March 2015 and the previous one to that was held in March 2014 .
- Staff carried out risk assessments where risks to the service were identified, for example, a risk assessment had been completed to minimise the risks to patients as access to the mobile theatre was only possible by walking through the theatre recovery area.

Leadership of service

- The overall lead for service was the matron, who was also the head of clinical services. The surgical wards were led by the inpatient manager, who reported to the matron.
- The theatre manager had been in post for approximately eight weeks and was responsible for the day to day management of the theatres.
- There had been high staff turnover within theatres in the past 12 months and a low level of staff receiving appraisals. The theatres staff spoke positively about the new theatre manager and we saw examples of improvements made within the theatres, such as the management of staff training and appraisals.
- Staff told us they understood the reporting structures clearly and described the managers and matron as approachable, visible with an 'open door' policy.

Culture within the service

- The staff we spoke with were highly motivated and positive about their work. Staff felt they were well supported and felt managers listened and responded to their needs.
- Staff sickness rates in the wards and theatres were generally low (below 8%) between October 2013 to November 2014. However, the sickness rates for ward nurses increased to over 20% during two months in January 2014 and October 2014.
- There was a high rate of nursing staff turnover in the wards (greater than 20%) and theatres (greater than 50%) between October 2013 and November 2014.
- The matron and inpatient manager told us they could not attribute the sickness and staff turnover levels to any specific factors but told us sickness rates were affected by staff on long-term sick leave.

Public and staff engagement

- Staff told us they routinely engaged with patients and their relatives to gain feedback from them. Information on the number of incidents, complaints and general public information was displayed on notice boards in the ward and theatre areas we inspected.
- The patient satisfaction survey report for 2014 showed that feedback from 166 respondents was mostly positive. The survey covered a range of areas and asked for patient feedback in relation to admission, hospital stay and discharge processes.
- Staff told us they received good support and regular communication from their managers. Staff routinely participated in team meetings across the wards and theatres we inspected.
- The hospital director had recently started staff forums where staff could attend and discuss any issues or concerns, such as ward refurbishment activities. Staff spoke positively about the staff forums and the level of engagement they received from the hospital director.

Innovation, improvement and sustainability

- The Oakfield ward was undergoing refurbishment, including the upgrade of baths to walk-in showers in patient rooms and a change from carpet to flooring in the main corridor areas. Patients and staff spoke positively about the refurbishment work that had been carried out so far.
- The hospital planned to open an on-site pharmacy during 2015 to improve services for patients and a pharmacy manager post had been advertised.
- There was a formal plan in place to remove the mobile theatre from the service by the end of 2015. This involved the reconfiguration of theatre lists so patients could be treated within the remaining two theatres.

Outpatients and diagnostic imaging

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

Information about the service

The outpatients and diagnostic imaging services at Spire Liverpool Hospital covered a wide range of specialties including neurology, orthopaedics, ear nose and throat (ENT), general medicine, physiotherapy, urology, cosmetic surgery and general surgery. The diagnostic and imaging department carried out routine x-rays as well as more complex tests such as MRI scans, CT scans, ultrasound scans and mammograms.

The service saw predominantly adults; however, children over the age of three were also accepted as patients. The service was open from 8am to 8pm Monday to Friday with some additional clinics on Saturdays. The hospital recorded 78,692 patient attendances between January 2014 and end of February 2015. The busiest clinics were the orthopaedic clinics with around 16,000 attendances; ear, nose and throat (ENT) clinics at 6,000 attendances and the general surgery clinics with around 5,000 attendances.

The outpatients department included a number of consultation and treatment rooms, a physiotherapy department with a gym, the bone and joint centre and the One Penny Lane Clinic which is primarily used for privately funded patients. Patients were referred by their GP, through consultant's private practice or as self-referrals. NHS services were commissioned by local clinical commissioning groups.

During our inspection we spoke with a range of staff including consultant's across different specialities, the matron, the physiotherapy manager and team leader, physiotherapy staff, diagnostic imaging manager, radiographer, radiology team leader, the inpatient manager, the patient services manager, senior staff nurses, staff nurses, the engineering service coordinator and reception staff. We observed care and looked at 16 patient medical records. We spoke to 12 patients.

Outpatients and diagnostic imaging

Summary of findings

Incidents were reported and learning was shared across the departments. The environment was clean, well maintained and in a good state of repair. Patient areas were comfortable and staff were aware of infection prevention and control guidelines.

Equipment was appropriately serviced and the calibration tested prior to use (where required). Staff received training in mandatory and role specific areas. Patient risk was assessed and responded to appropriately.

Staff worked to policies and procedures in line with local and national guidance. Clinical care pathways had been developed. Staff received regular one to one supervisions and yearly appraisals. We observed close, cohesive and collaborative working amongst all the teams in the hospital.

Clinics operated from 8am and 8pm Monday to Friday with clinics scheduled on Saturdays when the demand was high. Information was available for patients throughout the hospital. Staff had the appropriate skills and knowledge to seek consent from patients and explained how they sought verbal and implied informed consent during consultations.

Patients received caring and supportive services in an environment that afforded them privacy, dignity and confidentiality. Staff were enthusiastic and respectful whilst providing care. We observed positive interactions between staff and patients. All patients spoke highly of the care they had received regardless of how they were referred or funded.

Patients could be referred to the hospital in a number of ways and had many options to book appointments that suited them. Waiting times for outpatient appointments were within the national guidelines.

Interpreters could be booked for patients whose first language was not English, if required. Staff had access to telephone interpreter services and patient information leaflets which were translated into the most commonly requested languages. Wheelchair access was available but not in all areas. Information on how to raise compliments and complaints was displayed in the waiting areas and available in a number of languages.

The vision was embedded in the departments and staff ethos was centred on the quality of care patients received. There were clearly defined and visible local leadership roles in each speciality within the outpatients and diagnostic imaging areas. Senior staff provided visible leadership and motivation to their teams.

Staff and public satisfaction was positive. The diagnostic and imaging department were trialling an initiative to conduct scans on the same day for patients who had attended clinics. This reduced waiting times in the long term and meant patients didn't have to return another day. The mammography service was under review at the time of our inspection.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Good

Incidents were reported and learning was shared across the departments. The environment was visibly clean, well maintained and in a good state of repair. Staff were aware of infection prevention and control guidelines.

Equipment was appropriately serviced and the calibration tested prior to use (where required).

There was sufficient numbers of suitably trained nursing, medical and diagnostic staff to deliver care safely.

Patient risk was assessed and responded to appropriately and a business continuity plan identified responses to manage any risks in case of a disaster or a major incident.

Incidents

- Incidents were reported using an electronic reporting system. When incidents occurred, an investigation was conducted using a root cause analysis process to identify any contributing factors.
- Staff knew the types of incident they needed to report and could demonstrate how these would be recorded and escalated.
- Learning from incidents had been shared at meetings and changes in practice had been made where required.
- We reviewed an incident that had been reported relating to an imaging examination, when the procedure failed to be recorded on DVD. An investigation was completed which identified a potential competency issue for a member of staff. Competence was re-assessed and learning from the incident was cascaded to staff involved in these procedures to prevent recurrence. This incident was appropriately reported to CQC at the time as a statutory notification in connection with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Cleanliness, infection control and hygiene

- The areas we inspected were visibly clean, well maintained and in a good state of repair.
- Staff we spoke with were trained in; and aware of current infection prevention and control guidelines.
- In all areas we observed staff to be complying with best practice with regard to infection prevention and control. Staff washed or applied gel to their hands between patients. There was access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons. Staff followed hand hygiene and 'bare below the elbow' guidance and wore personal protective equipment, such as gloves and aprons, while delivering care.
- No healthcare-associated infections such as Methicillin Resistant Staphylococcus Aureus (MRSA), clostridium difficile (C.diff) or, Methicillin Sensitive Staphylococcus Aureus (MSSA) were attributed to the outpatients department between October 2013 and February 2015.

Environment and equipment

- The fabric of the building was in good condition, visibly clean and well maintained. Refurbishment work was being undertaken to accommodate a separate waiting room for NHS bone and joint patients and the floor coverings were being changed in some consultation rooms from carpets to more hygienic and non-slip materials that were also safer for patients with mobility issues to walk on. This project was being undertaken in consultation with the physiotherapy team.
- Systems were in place to ensure equipment was appropriately serviced and calibrated (where required). The engineering department maintained an electronic asset register which was updated every time equipment was removed or added. This was audited twice yearly to ensure all equipment was appropriately maintained, serviced and calibrated in line with the appropriate regulations.
- Equipment was initially sourced by the department who needed it and then purchased from approved suppliers with involvement of the purchasing department.
- Resuscitation equipment was available in several areas throughout the hospital and had been appropriately serviced. Single use items were observed to be sealed and in date. We saw records which indicated that the equipment had been checked daily by staff and was ready for use in an emergency.
- All diagnostics and imaging equipment had routine quality assurance and calibration checks in place to ensure the equipment was working effectively.
- The physiotherapy department had been recently rebranded to run as "Perform". It included a gymnasium

area with the latest equipment and room for classes such as Pilates to be carried out. All the equipment was modern and had appropriate servicing and cleaning regimes in place.

Medicines

- Up to date policies and procedures were accessible to staff who were aware of appropriate medicines management processes.
- Medicines were stored, managed, administered and recorded securely and safely.
- Although there was no pharmacy on site, there was sufficient stock for the number of treatments being carried out. Plans were in place to build an onsite pharmacy.

Records

- Patient records were stored securely in all areas either in locked cabinets or rooms with keypads.
- Patient records were requested by the admin and clerical staff around 48 hours before the clinic to allow sufficient time to identify any gaps or issues.
- We reviewed 10 sets of patient records and found the notes to be legible, comprehensive and contain all the relevant information including letters to the patients GP's and risks and benefits being explained.
- We noted good practice in some records such as discussions with a patient who was undergoing cosmetic surgery where it was noted that the clinician had advised them to consider psychological support.
- We did identify that one cosmetic surgeon was taking pictures before and after treatments (with permission) to show the difference; however the images were stored on a personal laptop and were not available in the hospital records.
- Consultants worked on a sessional basis and often practiced in a number of locations not connected with this organisation. As a result, they needed to transfer notes or store patient sensitive information on their own premises. In order to do this, they were required to be personally registered with the Information Commissioner's Office (ICO), a publically accessible online register, which meant they had to comply with The Data Protection Act 1998. We spoke to three consultants and confirmed they had the appropriate ICO registration. We also checked this on the register and confirmed they were appropriately registered.
- Patient records were stored electronically in the diagnostic and imaging departments. We reviewed six records and found them to be comprehensive and well managed.
- A clinical record keeping audit had been undertaken in the diagnostics and imaging department and it was found that the paperwork used at this organisation was set up for 60 minute appointments but NHS appointments were generally 30 minutes (as this is what the hospital were commissioned for) which meant there were many areas being left blank on the paperwork. As a result, new paperwork had been devised for NHS patients and the efficacy was being trialled.

Safeguarding

- Policies and procedures were accessible to staff who were aware of the actions to follow on how to escalate safeguarding concerns. There was a named nurse lead for safeguarding.
- There was an e-learning module available for staff as part of their mandatory training for safeguarding. In the 2014 calendar year, all staff in outpatients and diagnostics had completed safeguarding adults and safeguarding children level 1 training. Safeguarding children level 2 was completed by 59% of staff that were identified as requiring the training. All staff who were identified as requiring safeguarding children level 3 had completed the training

Mandatory training

- All staff received a departmental induction before they began to work unsupervised.
- Mandatory training content and frequency differed for clinical and non-clinical staff employed by Spire and included training in safeguarding of vulnerable adults and children, child protection, equality and diversity, information governance and infection control.
- Role specific training was also provided for staff and included areas such as radiation protection training for the radiation protection supervisor and other imaging staff.
- Training was delivered via a structured programme with face to face sessions and some modules being accessible via the "Spire Access Academy" from any electronic device.

- Training targets for the organisation were monitored by calendar year. Compliance with mandatory training was at 94% for 2014. For the current year, compliance was already at 50% by the end of February 2015 with a target to reach 95% by end of December 2015.
- There was a process in place to ensure that staff not employed directly by Spire had received the appropriate mandatory training.
- Consultants who only did private work at Spire used the Spire Hospitals mandatory training programme and this was monitored by Spire.

Assessing and responding to patient risk

- An emergency bleep system was available for staff to call in case of emergency or a deteriorating patient. An emergency response team led by the resident medical officer (RMO) would attend to the patient. The hospital utilised two RMOs who worked on a weekly rotation and were based on site 24 hours a day for that whole week before handing over to the next RMO. The RMOs utilised by this hospital were appropriately trained in Immediate Life Support (ILS) and Advanced Life Support (ALS) for adults and children.
- Emergency resuscitation equipment was available throughout the outpatient areas including "grab bags" which contained equipment such as defibrillators for adults and children.
- All other aspects of safety and safeguarding appeared to be in place and well managed e.g. alarm systems, key coding access to consulting corridors, fire alarm procedures and checked fire extinguishers.
- The physiotherapy department conducted risk assessments on patients before they could use the equipment. If the outcome was positive then patients could book sessions unsupervised.
- Designated staff from the physiotherapy department were on call in the evenings, overnight and at the weekends in order to provide post-operative respiratory assessments and aide in discharge by providing items such as crutches.
- Risk assessments were in place where necessary in all departments. The imaging department had assessed exposure to radiation and staff wore radiation detection badges that were sent externally to be analysed routinely to ensure safe levels were maintained.
- Staff told us they wouldn't perform scans that may involve radiation for vulnerable patients such as pregnant women.

Nursing staffing

- The staff rota outlined how many staff were needed for the different clinics based on the nature of clinic and the acuity of the patients in conjunction with the consultant. This was reviewed weekly to provide safe staffing levels when extra clinics were needed.
- Nurses were on shift from 7:30am to 9pm Monday to Friday and Saturday. Staffing was dictated by the number of patients attending the clinics. There was always a senior nurse on each shift each day with a healthcare assistant from 1pm to closing time.
- All nurses were encouraged to establish an interest in a particular area and many nurses chose to work when certain clinics were operating to gain further knowledge.
- Cover for staff leave or sickness was provided by bank staff made up of the existing nursing team.
- The policy was only to treat children over the age of three in this service. Spire hospital didn't see many children on a routine basis with approximately two children being seen a month. A paediatric nurse would be allocated from the bank for these clinics.
- Staffing levels met the calculated levels as per the rota during our inspection.

Medical staffing

- Medical staff were mainly employed by other organisations (usually in the NHS) in substantive posts and had practising privileges (the right to practice in a hospital) with Spire Liverpool Hospital.
- Specific consultants had planned clinics every week and medical staffing was based on the number and type of clinics that were operating on any given day.
- The policy was only to treat children over the age of three in this service. Spire hospital didn't see many children on a routine basis with approximately two children being seen a month at a clinic led by a paediatrician.
- If a consultant couldn't attend a clinic, appointments would be rearranged.
- The physiotherapy "Perform" department consisted of six permanent staff and nine bank staff who worked from 7:30am to 8pm Monday to Friday with some Saturday sessions.

Outpatients and diagnostic imaging

- All staff confirmed there were sufficient staff to deliver care safely and we observed this to be the case. All staff conducted themselves in a very professional and respectful way. Patients referred to staff as being “courteous” and "professional".

Major incident awareness and training

- Spire Liverpool Hospital was part of a large group of privately owned hospitals. A business continuity plan identified responses to manage any risks in case of a disaster or a major event where the hospital’s ability to accommodate staff or patients or provide essential services was severely compromised.
- Actions specific to the outpatients and diagnostic imaging included services such as outpatient bookings, physiotherapy services and diagnostic imaging to be redirected to alternative and nearby Spire owned clinics/hospitals.
- Staff were fully aware of the emergency procedures for a major incident such as a fire or adverse weather conditions.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Staff worked to policies, procedures and clinical care pathways in line with local and national guidance. Patients were assessed for pain relief and provided with medication or treatment where appropriate. Staff undertook clinical audits such as patient consent and quality assurance for equipment in radiology by certified national organisations,

Staff, including those not directly employed by Spire Liverpool, had received regular one to one supervisions and yearly appraisals. We observed effective multi-disciplinary working amongst all of the teams in the hospital.

Staff had the appropriate skills and knowledge to seek consent from patients and explained how they sought verbal and implied informed consent during consultations.

Evidence-based care and treatment

- Policies were based on a combination of guidance from National Institute for Health and Care Excellence (NICE) and the Royal Colleges to determine the treatment they provided.
- Clinical care pathways had been developed and put into action as soon as the patient entered the department, such as ophthalmology and physiotherapy pathways, which meant patients were seen and treated effectively.
- Guidance was regularly discussed at governance meetings, disseminated and the impact that it would have on staff practice was discussed.
- There were specialist items of equipment in the physiotherapy department such as a treadmill that used anti-gravity technology. This allowed patients to exercise and gradually increase the levels weight bearing on areas of injury or after recent surgery. Staff had received specific training in this area by the manufacturer.

Pain relief

- Patients were assessed for pain relief during assessments and supported in managing pain through prescriptions with the appropriate medication.
- Complimentary pain relief therapies were also available such as acupuncture and massage via the physiotherapists.
- Patients could book in for massage therapy, acupuncture and Pilates classes via the physiotherapy department.

Patient outcomes

- Staff were encouraged to undertake a clinical audit to assess how well NICE and other guidelines were adhered to. All of these audits resulted in staff education and changes in practice to improve patient care.
- The Spire Liverpool Hospital Audit Plan outlined when, how often and who would conduct audits in the various areas such as quarterly consent checks, annual audits to review whether pregnancy checks have been undertaken in advance of scans and quarterly equipment quality assurance checks.
- An audit around whether patient consent was gained was conducted in September 2014 and showed staff had asked 100% of patients for consent before their procedures were carried out.

Outpatients and diagnostic imaging

- The mammography department had a quality assurance (QA) audit programme in place to ensure the equipment was fully functioning. Calibrated blocks were scanned before use and on a monthly basis to ensure the instrument was working properly. The test images were sent to the Regional Radiation Protection Services quarterly and audited to gain assurance that the equipment was working correctly and the radiologist was correctly diagnosing results.
- The diagnostic imaging department had a yearly audit schedule in place and ensured all staff participated in these. Dose audits were conducted in line with Ionising Radiation (Medical Exposure) regulations (2000) (IR(ME)R) regarding protecting patients from the risks of unnecessary exposure to x-rays. The department was also audited externally from its commissioners, such as BUPA, to ensure the quality standards were being met. The reports were all positive.

Competent staff

- Staff confirmed they had regular one to one supervisions with their line manager and yearly appraisals.
- Staff told us they had opportunities to conduct further training if it was identified. One staff member was currently working in a nearby NHS trust to enhance their skills in minor surgical procedures.
- The target was for all staff in the outpatients department to have an appraisal by the end of December 2014. Data showed 100% of nursing and allied health staff had achieved this. Appraisals had been scheduled for 2015 and staff were expected to achieve 100% compliance by the end of December 2015.
- There were procedures in place for granting and reviewing practising privileges. The term "practising privileges" refers to medical practitioners being granted the right to practice in a hospital. The organisation had implemented a robust system with a checklist and guidelines as to who was responsible for providing the information to ensure they met the Spire employment criteria. The majority of these staff also worked in local NHS hospitals and as such received training and appraisals in those substantive posts. We spoke to consultants who confirmed they had received appraisals and revalidation of their practice with their substantive NHS employers. The Spire appraisal involved checking the NHS appraisals and participating in re-validation of their practice.

Multidisciplinary working

- A multi-disciplinary team (MDT) approach was evident across all of the areas we visited. We observed collaboration and communication amongst all members of the MDT to support the planning and delivery of care in the outpatients and diagnostic imaging department.
- Daily meetings, involving the nursing staff, therapists and medical staff were conducted to ensure there were sufficient staffing levels for each clinic.
- Collaborative working with the surgical department meant each area knew the number and type of patient that would be receiving treatments and may need interventions.

Seven-day services

- Various clinics were operating between 8am and 8pm Monday to Friday with clinics scheduled on Saturdays when the demand was high.
- Consultants practising within the hospital were responsible under practising privileges for care of their patients 24/7. There was a Resident Medical Officer (RMO) within the hospital 24 hours a day with immediate telephone access to the responsible consultant.
- "Perform" (which specialised in sports medicine and human performance) provided services six days a week with times to suit the patients. Therapy was provided by sports and exercise medicine (SEM) physicians, physiotherapists, exercise physiologists, podiatrists, nutritionists, osteopaths, nutritionists and sports scientists. Patients could book time slots and either use the equipment unsupervised or with supervision depending on patient acuity.

Access to information

- Patient records were easily accessible with information being requested at least 48hours before the patient arrived. Nurses ensured this was collated and checked before the appointment.
- The documentation in the physiotherapy and radiology department was either electronic, such as booking information and patient notes, or was scanned in such as the GP referral letters and consent forms.
- Data and appointment lists were collated daily and printed off for everyone to ensure they knew which patients were attending.

Outpatients and diagnostic imaging

- Information about the patient such as scans or medical information taken during the outpatient appointments was readily available across all the teams working in the hospital for example; the surgical services could access scans taken pre-operatively to co-ordinate their surgery lists.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients and explained how they sought verbal and implied informed consent during consultations. Written consent was sought before the procedure was carried out.
- Arrangements were in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and applied these requirements when delivering care. All staff received mandatory training in consent, safeguarding vulnerable adults and children (level 1,2 and 3 for defined roles), the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLs).
- Staff understood the legal requirements of the Mental Capacity Act 2005 and had access to link workers such as the safeguarding lead.
- Patient records showed that verbal or written consent had been obtained from patients or their representatives.

Are outpatients and diagnostic imaging services caring?

Good

Patients received caring and supportive services in an environment that afforded them privacy, dignity and confidentiality. Staff were enthusiastic and respectful whilst providing care. We observed positive interactions between staff and patients. All patients spoke highly of the care they had received regardless of how they were referred or funded.

Compassionate care

- All the patients we spoke with believed the care they received to be “very good, excellent or outstanding” and we observed many positive interactions between staff and patients.
- Staff treated patients with dignity and respect whilst ensuring patient confidentiality was maintained.
- One patient who was having a CT scan told us the staff member was very caring and knowledgeable about their condition and made the patient feel at ease during all interactions.

Understanding and involvement of patients and those close to them

- All patients stated their appointment slots gave sufficient time to discuss their conditions in a relaxed, respectful, courteous and dignified manner.
- Patients felt involved in their care and treatment and consent was discussed appropriately. One patient with a fractured ankle told us the consultant had discussed options with them and supported them to choose the right one.
- Consultants explained various approaches to resolving the patients' needs by discussing and offering alternative procedures where available. We observed two consultants offering NHS appointments to patients in other local NHS facilities so they could continue their treatments at a minimised cost.
- A patient receiving treatment in the physiotherapy gym told us all the treatment options, risks and benefits as well as prices had been explained to them thoroughly.
- The service participated in the NHS Friends and Family Test (FFT) survey, which asked patients whether they would recommend the service they have received to friends and family who need similar treatment or care. Data collection had only commenced on 1 March 2015, so couldn’t be reported at the time of inspection.

Emotional support

- Patients were supported throughout their treatments. We saw staff spending appropriate time talking to patients and responding to their questions in an appropriate manner.
- We observed a member of staff in the imaging department who took extra time with a distressed patient to provide the appropriate emotional support.
- All the treatment and consultation rooms were private and could be used to deliver any bad news which adversely and seriously affected the patient’s future.

Outpatients and diagnostic imaging

Staff told us consultants and nurses would work together to relay this information and provide any additional support where appropriate such as information about the condition.

- We spoke with a patient who had attended to have a biopsy for potential cancer regrowth. They told us all communications had been accurate, efficient and delivered in a caring manner.

Are outpatients and diagnostic imaging services responsive?

Good

Patients could be referred to the hospital in a number of ways and had many options to book appointments that suited them. The hospital saw 54,014 patients referred by the NHS and 22,581 privately funded patients between January 2014 and the end of February 2015. Waiting times for outpatient appointments were within the national guidelines. Waiting times for privately funded patients ranged from zero days for general surgery and gynaecology to the longest wait being 24 days for a nephrology consultant. Patients referred via the NHS could be seen within seven days for hip, knee and shoulder ailments with the longest wait being 41 days for diagnostic endoscopy. The diagnostic and imaging department were trialling an initiative to conduct scans on the same day for patients who had attended clinics. This reduced waiting times in the long term and meant patients didn't have to return another day.

Interpreters could be booked for patients whose first language was not English, if required. Staff had access to telephone interpreter services and patient information leaflets which were translated into the most commonly requested languages. Wheelchair access was available but not in the bone and joint centre and the internal link way between the Penny Lane Clinic and the main hospital was steep and inappropriate for wheel chair users. Information on how to raise compliments and complaints was displayed in the waiting areas and available in a number of languages.

Service planning and delivery to meet the needs of local people

- The environment for patients was comfortable with plenty of seating areas and a café. All areas were furnished to a high standard. The Bone and Joint Centre was designated for privately funded treatments only. Parking was plentiful and patients were offered appointment times after work and at weekends to fit around their personal and work lives.
- Private patients phoned a central number to book appointments with times to suit their needs via a specific private patient's administrative team.
- Patients referred via the NHS used the "NHS Choose and Book" system which is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. Patients confirmed this worked well. Dedicated NHS administrative staff told us there were no concerns and GP's and patients were able to book slots to suit their needs.
- Patients reported to the receptionists who logged them in via an electronic booking system and directed them towards the appropriate clinics and waiting areas.
- The hospital had sufficient space and flexibility for the current number of patients being treated. The hospital recorded 78,692 patient attendances between January 2014 and the end of February 2015. The busiest clinics were the orthopaedic clinics with around 16,000 attendances; ear, nose and throat (ENT) clinics at 6,000 attendances and the general surgery clinics with around 5,000 attendances.
- NHS patients were commissioned for 30 minute slots for an initial appointment and 15 minutes for follow up appointment. Privately funded patients were afforded an hour initial slot as part of their agreed package. The timings could be extended to fit the needs of the patient.
- The diagnostic and imaging department were trialling an initiative to conduct scans on the same day for patients who had attended clinics. This reduced waiting times in the long term and meant patients didn't have to return another day.

Access and flow

- There were set clinics on a weekly basis with open booking slots. This ensured staff knew when they could

book patients in for specific specialities and enabled the appropriate support staff to be present. If any slots were empty then consultants could move or rebook patients at their discretion.
- Wednesday was the busiest day of the week due to the large number of patients attending the orthopaedic clinics.
- Waiting times for outpatient appointments were short and within the national guidelines. Waiting times ranged from zero days for general surgery and gynaecology to the longest wait being 24 days for a nephrology consultant.
- Patients referred via the NHS could be seen within seven days for hip, knee and shoulder ailments, 12 days for a urology appointment, 26 days to see an ear, nose and throat (ENT) specialist and the longest wait was 41 days for diagnostic endoscopy.
- Waiting times for patients once they had arrived in the department were short after being booked in at reception. Patients confirmed they didn't wait long before they were seen. No waiting times were displayed in the waiting areas, but, staff told us they would let patients know individually if there were any unforeseen delays.
- The service regularly monitored people who did not attend (DNA) their appointments. Actions had been taken to ensure all the patients' attended their appointments at the right time. The service sent letters daily, at least a week in advance of appointment and then followed up by sending a text message 24 hours prior to the appointment. This saw a significant drop in the number of DNA's for outpatients.
- Patients who didn't attend for any reason and were referred via the NHS had a three day period to contact the NHS team to rearrange the appointment before they were discharged back to their GP. The NHS booking team also sent a reminder text message to patients for them to rearrange their appointment.
- Patients receiving NHS funded treatment appeared to receive identical treatment to privately funded patients. The only exception being that privately funded patients paid to receive a greater choice of appointment times and an hour initial assessment in physi rather than a 30 minute assessment that was commissioned for NHS patients.
- One NHS funded patient was pleased to be at Spire Liverpool and told us their whole knee replacement took only five weeks from being referred whereas within the NHS framework there was a three month waiting list.
- If a clinic was cancelled at short notice, they would attempt to contact the patient and offer alternative times.
- During the unannounced inspection we noted there were three clinics ongoing. All the clinics were running to schedule and there had been no delays and all the patients had attended.

Meeting people's individual needs

- Staff had access to "Global Services" (a telephone interpreter service) for patient's whose first language was not English. Information gathered at the referral stage identified patients who would need this service and translators were booked when the appointment was made. Staff told us told us they wouldn't use family members to translate for consent which is in line with best practice guidance.
- Patient information leaflets were available in the most commonly requested languages which were Mandarin, Somali, Polish, Farsi and Arabic.
- Wheelchair access was available via a ramp at the main entrance of the hospital where the doors were automated, but there was no wheelchair access to the bone and joint centre. The internal link way between the Penny Lane Clinic and the main hospital was steep and inappropriate for wheel chair users or patients/visitors with mobility issues. We raised this issue with the hospital management at the time of our inspection and they confirmed that plans were in place to install a hand rail to aid mobility but that staff would support patients with mobility issues in the meantime.
- The physiotherapy and digital imaging areas had dedicated and private changing rooms with secure lockers for patients to use.
- Vulnerable adults, such as patients with learning disabilities and those living with dementia were identified at referral and appropriate steps were taken to ensure they were appropriately cared for. Staff told us it was rare to have patients with these conditions as they were usually seen elsewhere.
- Information was available for patients throughout the hospital via leaflets and displayed on noticeboards. This included the services offered, clinic times and fees where applicable.

Outpatients and diagnostic imaging

- Patients confirmed they had received information about their care and treatment in a manner they understood.
- The policy was not to treat children under the age of three. However, staff told us they rarely treated children between the ages of 3 and 16 with the majority of patients being adults aged 18 or over.

Learning from complaints and concerns

- Information on how to raise complaints or concerns was displayed in the waiting areas and available in a number of languages.
- Staff were aware of the complaints procedure and told us they would always talk to the patient if possible and ensure the matter was resolved.
- The latest complaints were discussed at team meetings and lessons learned from complaints were implemented and cascaded to staff to improve patient experiences.
- We saw a number of "you said, we did" boards identifying changes that had been made from complaints and other patient feedback.

Are outpatients and diagnostic imaging services well-led?

Good

The outpatients department was currently being managed by the inpatient manager (as the post had been recently vacated) and a team leader and the diagnostics team was managed by the radiology manager and a team leader. Both departments reported directly to the hospital matron.

The Spire vision was embedded in the departments and staff embraced the values in the work they undertook. The ethos was centred on the quality of care patients received and morale was high. There were clearly defined and visible local leadership roles in each speciality within the outpatients and diagnostic imaging areas. Senior staff provided visible leadership and motivation to their teams. The services were appropriately represented at executive level and there was appropriate management of quality, governance and risks at a local level.

Vision and strategy for this service

- The hospital vision was 'to be an integral part of the health community in Liverpool, to deliver the highest standards of care in an excellent environment and to be a great place to work'.
- The 'Spire' values included 'caring is our passion', 'succeeding together' and 'driving excellence'.
- Staff were provided with a corporate induction that outlined the vision and values. Staff had a clear understanding and could articulate what the vision and values meant for their practice. Objectives were linked to the vision and values and staff had a good understanding of them.

Governance, risk management and quality measurement

- Outpatients and digital imaging services were appropriately represented at executive level.
- Risks were identified and well managed locally. We saw evidence of risk assessments undertaken in areas of concern. For example, we saw risk assessments for the use of equipment in the gym; for radiology in relation to pregnant women and in the mammography service about the analogue equipment.
- Staff were aware of their departmental risks and issues such as information around complaints, incidents and audit results which were shared on notice boards around the department and also via meetings.
- Performance activity and quality measurement was recorded and reported centrally in comparison with the Spire group of hospitals. Spire Liverpool Hospital was meeting targets set nationally in areas such as waiting times, cleanliness and infection control as well as staff sickness and was routinely in the top five best performing Spire hospitals in the country.

Leadership of service

- Staff explained how the recent changes to the senior management team at the hospital were engaged with staff and more visible throughout the department. They felt they were bringing about positive changes.
- There were clearly defined and visible local leadership roles in each speciality within the outpatients and diagnostic imaging areas. Senior staff provided visible leadership and motivation to their teams.
- The outpatient manager post had recently been vacated and was being overseen by the inpatient manager with

support from the outpatient team leader. Interviews were in progress to recruit to this post. Staff felt this didn't impact their work flow and stated their efforts were acknowledged and they felt management listened and reacted to their needs.

Culture within the service

- Staff told us the overall ethos was centred on the quality of care patients received and spoke of an open culture where they could raise concerns or issues in relation to issues such as patient care which would be acted upon.
- Staff morale was good and we observed staff from all specialties worked well together.
- Staff enjoyed working for Spire and felt the company treated them with respect and valued their opinions.
- Staff retention was stable. Turnover was low with 80% of staff having been employed over a year. This enabled continuity of care for patients.
- Staff sickness rates were generally low between October 2013 and October 2014.

Public and staff engagement

- Staff satisfaction was reviewed yearly and results were disseminated to all staff. Staff response rate was 81% in 2014 which was an increase from 63% the year before. The results were generally positive in relation to questions such as "I feel like I really fit in with the rest of my team" and "I believe what I do at work makes a positive difference to my hospital".
- Patients could provide feedback either on paper forms or electronically. There were also tablet devices in the bone and joint centre where patients could answer questions about their experience.
- The most recent patient survey for 2014 consisted of sending 500 patients treated between June and August 2014 selected at random questionnaires. Of the 166 responses, the overall service rating was very positive at 95%.
- In the outpatients department, the question "Overall, how would you rate the quality of service from this hospital?**"** had a response from patients of being excellent (70%) and very good (28%).
- The key areas had improved from the previous year in outpatients such as information received by patients before and after appointments, the quality of care received and tests undertaken in a timely manner.
- The physiotherapy department conducted their own outpatient questionnaire for 2013 and 2014. The results showed the majority of patients rated the service as being "excellent" in all areas such as the clarity of information, waiting times, environment, treatment and care as well as how the billing arrangements were conducted. Where negative feedback was provided, an action plan was formulated and included actions such as reception staff booking appointments at the point of contact to minimise delays and the service ordered privacy blinds for the gym area.

Innovation, improvement and sustainability

- The diagnostic and imaging department were trialling an initiative to conduct scans on the same day for patients who had attended clinics. This was aimed at improving waiting times in the long term and meant patients didn't have to return another day.
- The MRI staff told us demand was increasing as the local NHS trusts had long waiting lists.
- The diagnostics and imaging area had a mammography service which did not see patients frequently. Work was in progress to either develop the service and to purchase new equipment and refurbish the room or to remove the equipment and service altogether. During our unannounced inspection, it had been agreed to decommission the equipment and future plans were being considered.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- Review the terms of reference and frequency for hospital wide meetings to ensure they are effective in achieving their objectives.
- Review the hospital's risk management processes to ensure that all risks are captured, monitored and reviewed on a regular basis.
- Ensure controlled drugs in the theatre recovery area are appropriately stored at all times.
- Ensure that action is taken to properly record the disposal of part vials of controlled drugs and improve compliance in medicine audits.
- Improve performance relating to patient fasting times whilst awaiting surgery to ensure current clinical guidelines are met.
- Implement a formalised system that shows which consultant or anaesthetist is responsible for a particular patient. This should include a nominated deputy for occasions when the responsible person is unavailable.