

# Nova Healthcare

## Quality Report

NOVA Healthcare  
Bexley Wing  
St. James's University Hospital  
Leeds  
LS9 7TF  
Tel: 0113 2067735  
Email: [contact@novahealthcare.co.uk](mailto:contact@novahealthcare.co.uk)

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

- Nova Healthcare is a care facility providing a range of oncology, haematology (SRS). SRS can be used to treat benign cerebral tumours, secondary metastases and certain functional disorders. In this unit, this is undertaken using a specialist Gamma Knife. There are facilities to perform low and high dose brachytherapy and robot assisted prostatectomy. There are no overnight facilities with most procedures completed as day patients. Those patients requiring overnight care stayed on a ward at the local NHS trust under a service level agreement. A patient hotel is available for patients travelling from a distance for treatment. SRS service is commissioned by NHS England as a specialist service and is managed by the Aspen Healthcare Group who became shareholders in 2015.
- The catchment area provides services to both clients in the Leeds area and across the United Kingdom. There are arrangements in place to treat patients from Northern Ireland.
- The inspection took place 17, 18 and 25 August 2016. This was a planned, comprehensive inspection using our new methodology as part of our commitment to inspect and rate all independent hospitals by 31 March 2017.
- Overall, we rated this service as good. This was a very well led service with a clear vision that was known to all staff and patients. The culture of the organisation was open and collaborative with strong internal and external relationships. All the feedback we received from patients and staff were extremely positive. The response to individual needs and preferences was exceptional in that it provided care that met individuals' needs and preferences. Radiography services were provided by the local NHS provider clear via service level agreements

### Are services safe at this service

- Well embedded systems and processes were in place that promoted patient safety and harm free care. There was good evidence of learning from incidents and an embedded culture of incident reporting.
- Staffing levels allowed staff to deliver a high standard of personalised care.
- Consultant medical advice was readily available with consultant- led treatment plans that mirrored protocols in the Leeds Teaching Hospitals NHS Trust.
- Staff had received relevant training in both adult and child safeguarding training.
- We saw examples of effective multidisciplinary team (MDT) working in the best interests of patients to provide a holistic service where patient choice was facilitated.

However :

- We did not feel that the provider was assured that all local NHS trust staff (radiographers) and doctors working under practising privileges were up to date with mandatory training.

### Are services effective at this service

- Policies and procedures were up to date and evidence based.
- The staff working in outpatients and diagnostic imaging departments had received appropriate training. All had received annual appraisals and there was evidence of strong multidisciplinary working across teams and local networks.
- Nursing, imaging and medical staff understood their roles and responsibilities regarding consent and the Mental Capacity Act
- Radiography staff undertook regular audits regarding quality assurance to check practice against national standards.
- Access to information (electronic records, intranet and diagnostic reports) was very good and facilitated holistic oversight of all the care and treatment a patient was receiving, even if this was at a number of treatment centres and providers.

### Are services caring at this service

- Patients were respected and valued as individuals.

# Summary of findings

- Staff provided a very caring and compassionate service. Relationships between people who used the service and staff were caring and supportive.
- We saw that feedback was consistently positive.
- Staff were highly motivated and consistently went the 'extra mile' to support patients.
- Emotional support for patients and staff was embedded in the culture of the organisation.

## **Are services responsive at this service**

- The service was responsive to the changing needs of the patients it served.
- Nova Healthcare delivered personalised care based on a comprehensive assessment of individual needs and preferences.
- The service was able to provide 24 hour care if required via service level agreements.
- There were minimal complaints. The manager responded to negative comments and suggestions with clear evidence of learning where necessary.
- The service embraced the Aspen dementia strategy, and had a member of nursing staff as the local dementia champion.

## **Are services well led at this service**

- The management, staff and patients were aware of and felt a sense of ownership of service vision.
- The governance processes were well developed and integrated seamlessly into the Aspen organisation and the local NHS trust. There was very good oversight of quality of the provision by the medical advisory committee (MAC) and the governance committee.
- There was strong leadership of the service with an open and collaborative approach to the management of the service. Staff we spoke with felt passionate about the service they provided and felt a strong sense of belonging to the unit.
- Employment processes at a local and wider organisational level ensured that staff met the requirements of fit and proper person's requirements.
- Staff understood the business culture of the organisation.
- We saw evidence of strong engagement with the developments in the use of the Gamma Knife. This included involvement in leading academic ventures with improved patient outcomes.
- Our key findings were as follows:
- We found examples of individualised care for patients.
- There was strong leadership and governance arrangements that ensured a safe and compassionate experience for patients.
- There was an open culture and learning environment within the service where staff felt they could report concerns without fear of recriminations.
- We saw several areas of outstanding practice including:
- Seamless working with NHS professionals at the local NHS trust for the best outcomes for patients.
- Feedback from patients was overwhelmingly positive describing their care in terms of 'fantastic' and 'first class'
- However, there were also areas of where the provider needs to make improvements.
- The provider should:
- Ensure that radiography staff and doctors with practising privileges who access mandatory training through the local NHS trust have figures included in Nova Healthcare training information.
- Ensure that actions from the Nova Healthcare biennial safeguarding self-assessment are undertaken and documented.
- Implement the actions identified following the PLACE audit May 2016.

## **Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Outpatients and diagnostic imaging

### Rating Summary of each main service

Good



Nova Healthcare demonstrated safe working practice, equipment was well maintained and we observed a safe and clean environment. We saw that record keeping was of a consistently high standard. Nova Healthcare prioritised staff training and had robust processes in place to review consultants' practising privileges. The service delivered highly compassionate care that was demonstrated to be effective.

The service was very responsive to individual patient needs and staff went out of their way to ensure these were met. This was reflected in patient feedback which was consistently positive.

We found that Nova Healthcare leadership team led the service well and managed all aspects of care and governance. There were clearly defined service level agreements and we observed a truly seamless service with the local NHS trust.

Staff told us that Nova Healthcare was a good and supportive place to work. They said that they would feel comfortable reporting concerns without fear of recrimination.

However, although mandatory training information was available for doctors with practising privileges within individual personal records, this was not collated by the service to provide overall assurance and compliance figures. Actions from the biennial safeguarding self-assessment needed to be undertaken and documented.

# Summary of findings

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Good 

# Nova Healthcare

**Services we looked at**

Outpatients and diagnostic imaging.

# Summary of this inspection

## Background to Nova Healthcare

Nova Healthcare is a day unit, which provides a range of oncology treatments including Stereotactic Radiosurgery (SRS) delivered using the Leskell Gamma Knife used to treat brain metastases, benign tumours and some functional disorders. The unit also offers chemotherapy, radiotherapy, brachytherapy, and robot assisted prostatectomy. Patients are able to access other services provided by the local NHS trust under clearly defined service level agreements. This includes overnight stays where required. Nova Healthcare has close relationships with a home care health provider so that where appropriate some chemotherapy treatment may be delivered at home.

Nova Healthcare is part of Aspen Healthcare which became shareholders in 2015. As a specialist unit it is commissioned by NHS England. Patients are considered for treatment from the Leeds area and nationally. The activity data across the whole organisation is approximately private insurance 53%, NHS 40% AND Northern Ireland 7%. At the time of inspection, the service had three registered managers, one of whom had been in post (although not as registered Manager until 2011) since the inception of the service. Two of the registered managers had applied to be de-registered

This service has a registered manager who has been in post since the inception of the service in 2009, prior to Aspen management.

## Our inspection team

Our inspection team was led by:

**Inspection Lead:** Karen Knapton – Inspection Manager

The team included CQC inspectors and a specialist radiographer.

## Why we carried out this inspection

The inspection took place on 17, 18 and 25 August. This was a planned announced inspection as part of our planned programme of comprehensive inspections of independent healthcare providers.

## How we carried out this inspection

The inspection took place on 17, 18 and 25 August. This was a planned announced inspection as part of our planned programme of comprehensive inspections of independent healthcare providers.

Before the inspection, we checked the information that we held about the service. This included previous inspection reports and statutory notifications sent to us about the provider about incidents and events that had occurred at the service. We also reviewed feedback from health professionals. We spoke with the registered

manager, medical director, and seven staff including nursing and administrative personnel. We spoke with 25 patients both in the unit receiving treatment and via telephone conversations with prior consent.

We looked at patient care records, staff rotas, training records logs, of complaints, quality assurance audits and other records relating to the management of the service. We asked the provider to submit other specific information whilst on site and used that to inform our findings.

# Summary of this inspection

The service was last inspected 12 September 2013 and there were no concerns identified.

## Information about Nova Healthcare

Nova Healthcare was established in 2009 and works in partnership with The Leeds Teaching Hospitals NHS Trust. The unit is based on Level 4 of the Leeds Cancer Centre at St James's University Hospital in Leeds. Nova Healthcare was originally owned by a number of investors, two of whom had many years' experience developing cancer centres primarily in the USA. In March 2015, Aspen Healthcare acquired 50% of the shareholding in Nova Healthcare and concurrently was awarded a management contract for the unit. Nova Healthcare offers a range of treatments primarily for cancer, haematological and neurological conditions. The unit provides stereotactic radiosurgery (SRS) using a Leksell Gamma Knife Icon platform with only one other unit currently offering this within the UK and less than 10

across the world. Stereotactic radiosurgery is used to treat secondary brain metastases and a range of benign cerebral tumours and functional disorders. Along with the SRS service, Nova Healthcare offers chemotherapy, radiotherapy, brachytherapy, and robot assisted radical prostatectomy, a number of these in conjunction with the local NHS trust. The unit offers three consulting rooms, each with a dedicated examination room, three individual patient rooms and four patient bays. A core team of eight staff provide and co-ordinate care with a number of additional individuals working with the team under a range of service level agreements (SLAs) with the Trust. During the period 1 April 2015 to 31 March 2016, the unit treated a total of 399 patients and there were 1487 outpatient attendances.

## What people who use the service say

Feedback from patients and relatives was continually positive about the way staff treated people. People felt staff went the extra mile and the care they received exceeded their expectations.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

# Outpatients and diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Information about the service

Nova Healthcare is a private provider situated in the Bexley Wing of St James Hospital, Leeds. This is a day treatment facility. There are arrangements for patients to stay in a patient hotel in the building if they are travelling a long way for treatment. In-patient facilities are through service level agreements with the local NHS trust. Nova Healthcare is part of the wider group of Aspen Healthcare, which became a shareholder and was awarded the management contract in 2015. The service since then has undergone an integration programme.

We saw services in the unit and the area where the Leskell Gamma Knife is situated. The services offers

Stereotactic radiosurgery via the Gamma Knife, chemotherapy, radiotherapy brachytherapy and robot assisted prostatectomy. In addition, some chemotherapy treatments may be delivered at home via the organisations relationship with a home health care company.

Stereotactic radiosurgery was used to treat secondary brain metastases, benign tumours and some functional disorders.

We spoke with 25 patients both in the unit and by telephone with prior consent. The service was accessed by 637 patients in 2015. This included 267 patients for stereotactic radiotherapy, 213 for chemotherapy, 117 for radiotherapy, 21 for brachytherapy, and 19 patients for robot assisted prostatectomy.

Nova Healthcare employed two oncology nurses, a clinical services manager, Gamma Knife manager and a newly appointed Director of Clinical Services. There was a patient concierge in post, two medical secretaries and an office administrator. The registered manager had been in post

since 2009 prior to the merger with Aspen Healthcare. Staff were supported by a range of service level agreements including medical physics, radiotherapy and diagnostic imaging.

# Outpatients and diagnostic imaging

## Summary of findings

Nova Healthcare demonstrated safe working practices, equipment were well maintained and we observed a safe and clean environment. We saw that record keeping was of a consistently high standard. Nova Healthcare prioritised staff training and had robust processes in place to review consultants' practising privileges. The service delivered highly compassionate care that was demonstrated to be effective.

The service was very responsive to individual patient needs and staff went out of their way to ensure these were met. This was reflected in patient feedback which was consistently positive.

We found that Nova Healthcare leadership team led the service well and managed all aspects of care and governance. There were clearly defined service level agreements and we observed a truly seamless service with the local NHS trust.

Staff told us that Nova Healthcare was a good and supportive place to work. They said that they would feel comfortable reporting concerns without fear of recrimination.

However:

- The provider should ensure that radiographers and doctors with practising privileges have their mandatory training information available in the Nova training data.
- Ensure actions from the biennial safeguarding self-assessment are undertaken and documented.
- Consider the findings of the PLACE audit May 2016 and review the reception desk to ensure that it meets the needs of disabled people and those with hearing loss, and the provision of single sex toilets within the reception area

## Are outpatients and diagnostic imaging services safe?

Good 

We rated the safety of this service as good because people were protected from abuse and avoidable harm. We found:

- Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Incidents were investigated appropriately and improvement actions implemented.
- The service had processes for checking and maintaining equipment and the environment appeared clean and well-maintained.
- Record keeping was of a consistently high standard.
- Staff demonstrated they understood the principles of safeguarding and knew what actions they needed to take in cases of suspected abuse.
- Mandatory training compliance for Nova Healthcare staff was good.
- Although mandatory training information was available in consultants individual personal records, this was not collated by the service.

### Incidents

- The level and quality of incident reporting showed the level of harm and near misses which ensured a robust picture of quality. There was consistent progress towards a zero harm culture and good progress towards safety goals
- Managers told us, and we saw from the minutes of meetings that incidents were discussed at the local Quality and Governance Committee and the Aspen Healthcare Quality and Governance Committee. We saw minutes of local meetings, which showed that incidents were discussed in detail in these forums.
- Staff were able to tell us about incidents and the actions that been taken to prevent them recurring.
- We saw an Aspen Healthcare patient safety newsletter that shared information from serious incidents and never events with learning points across the whole organisation.

# Outpatients and diagnostic imaging

- Staff and managers we spoke with were aware of their responsibilities to report, learn from incidents and were able to articulate the principles of being open and duty of candour
- Staff we spoke with knew about the local incidents and what actions had been taken to prevent reoccurrence.
- Aspen Healthcare were implementing a STEPUP to safety campaign across the organisation to raise staff awareness of human factors in patient safety incidents and to encourage staff to report incidents and near misses and to share learning.
- Radiotherapists were aware of Ionising Radiation (Medical Exposure) Regulations 2000 (IR (ME) R) requirements and the need to report radiation incidents to the Care Quality Commission (CQC). They did this through their Radiation Protection Supervisor (RPS) and or Radiation Protection Advisor who were available to them as part of the service level agreement (SLA) with the local NHS trust radiology department.
- Nova Healthcare had not reported any radiation incidents in the preceding 12 months.
- We reviewed an incident which was investigated using root cause analysis (RCA). The investigation had led to the development and implementation of a standard operating procedure and additional training for a link practitioner.
- Staff at all levels and roles told us that they knew where to take concerns and felt comfortable doing so if they felt it was necessary without fear of recrimination. All staff were open and committed to reporting incidents and near misses.

## Cleanliness, infection control and hygiene

- The ward / patient rooms, waiting areas, radiotherapy rooms and other treatment / clinical rooms were visibly clean and tidy.
- There was a contract in place with the local trust to keep the premises clean.
- Unit staff cleaned the treatment trolleys and undertook deep cleaning of treatment rooms and equipment.
- There were no hospital-associated infections reported between April 2015 and March 2016, this included no episodes of cross-infection between patients of communicable infections or organisms and no incidences of surgical site infection.
- Facilities for hand hygiene were provided in all clinical areas, soap dispensers were in good working order, and personal protective equipment (PPE) was available in all areas we visited.
- We observed staff washing hands and using gel appropriately in all clinical areas.
- We observed staff following procedures to prevent infection. We saw that consultants in the treatment room applying head frames. They decontaminated their hands prior to using gloves between each procedure and they changed aprons and gloves between patients.
- We observed procedures such as frame fitting were undertaken using sterile instruments and appropriate aseptic (no touch) technique.
- We saw that staff cleaned couches and chairs in between patients using detergent wipes.
- We saw that equipment was labelled as clean following decontamination.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement was in place with the local NHS trust for removal.
- We saw that staff segregated and disposed of waste appropriately. They used sharps bins correctly and had access to spillage kits if needed.
- Training data indicated that 100% of clinical and non-clinical staff had received infection control prevention training relevant to their role in the last two years, in line with Nova Healthcare policy.
- Radiography staff received their infection, prevention and control IPC training through the trust and told us they were up to date with their mandatory training requirements.
- As part of its contract with the local NHS trust, Nova Healthcare had to comply with the infection prevention and control policies developed by the Trust and needed to assure the Trust that IPC systems and appropriate practices are in place.
- Nova Healthcare followed local antimicrobial prescribing policies issued by the trust and approved by the local NHS trust Improving Antimicrobial Prescribing Group.
- There was a trust policy in place for the Admission, Discharge or Transfer of Patients with Known or Suspected Infections. Staff told us they would initially discuss the patient with their consultant to postpone

# Outpatients and diagnostic imaging

treatment if possible, then refer to this policy, and seek advice from the infection control team if necessary.

Nova Healthcare had not had the situation arise to date, where a procedure or treatment couldn't be postponed.

- We saw that a number of IPC audits had been undertaken since October 2015 and compliance was generally good with latest compliance at 95%. We saw that since October 2015, areas for improvement had been identified and actioned. These included; a need for clinical waste bins in all patient rooms, disposable curtains and need for a cleaning schedule for the food fridge and other written protocols. Staffs were aware of these audits and the improvements made.
- Nova Healthcare staff were encouraged to participate in the local NHS trust hand hygiene training and a link nurse role had been introduced.

## Equipment and environment

- The premises and rooms in use to provide this service were suited to their purpose and comprised of a dedicated unit within St James hospital Leeds. The unit, including treatment rooms, waiting areas and treatment rooms were well equipped with everything staff needed to provide the service.
- There was a security lock with an intercom on the ward door.
- There were three side rooms available for isolation purposes if needed.
- There were appropriate clinical and treatment rooms for storage and preparation of medicines, stock and for applying headframes to patients who were to undergo Gamma-Knife radio surgery.
- We saw there were cleaning schedules in place in the unit and radiotherapy treatment rooms, on equipment and logs that indicated cleaning had taken place as appropriate.
- We saw a planned maintenance programme was in place for radiotherapy equipment. Staff told us that equipment was reliable and regularly serviced. There was a process in place for staff to report breakdowns and agreements were in place to make sure machinery was repaired as quickly as possible.
- Rooms had emergency call bells and oxygen was available. Resuscitation trolleys were kept within the department. We saw records that indicated resuscitation equipment and drugs were checked regularly and observed that trolley drawers were locked.

- Evidence of stock rotation was in place and all stock we checked was in date and stored in an appropriate manner.
- There was a process in place for the cleaning and sterilisation of surgical instrument trays. This was covered by a SLA with an external contractor and staff told us this worked well. Quality assurance testing was carried on radiotherapy equipment every morning before treatments started. There were further checks carried out on a weekly basis. These were mandatory checks based on the ionising regulations 1999 and the ionising radiation (medical exposure) regulations (IR (ME) R 2000). These protected patients against unnecessary exposure to harmful radiation.
- Staff wore dosimeters (an instrument for measuring the amount of radiation absorbed by somebody) to ensure that they were not exposed to high levels of radiation.
- The radiographers told us the Gamma-Knife equipment had been inspected by BSI against ISO 9001 quality standards in May 2016 and that this was repeated three times a year.
- The PLACE led assessment undertaken in May 2016 highlighted that there was no provision of single sex toilets in the reception area, and that the reception area needed to be reviewed to ensure that the needs of disabled people and those with hearing loss were met. Nova Healthcare had addressed the issue of the reception area meeting the needs of patients with a disability and there was a hearing loop and low level reception desk fitted for the use of wheelchair users.
- Nova Healthcare had considered the provision of single sex toilets in the reception area and had consulted the local NHS trust and ascertained that current provision was acceptable. There had been no complaints from service users.

## Medicines

- We saw that medicines were stored safely and securely and records indicated that nurses checked drugs regularly and rotated stock appropriately.
- The temperature of rooms and fridges used for drug storage were monitored and recorded daily when the service was open. Records indicated temperatures had been within recommended range over the four-week period we looked at.
- There were no controlled drugs kept on the premises.

# Outpatients and diagnostic imaging

- The Gamma-Knife manager was a nurse prescriber and was able to adjust doses of steroids and some anti-epileptic drugs to assist her patients with symptom control. Prescription pads were stored safely.
- Radiographers could administer medicines for patients within certain treatment protocols. These staff had received training and been assessed as competent to be able to undertake this practice.
- The clinical services manager had received training regarding medicines management. However, the last training received was outside of the Nova Healthcare training requirement of every two years. The other nursing staff had not received this training.
- We saw there had been a medicines management audit, with a 93% compliance score, during May 2016. The one outstanding action was for the Director of Clinical Services to review the stock list to ensure that stock levels are sufficient and stock is relevant to case mix. The other actions had been completed and we saw evidence of this during our inspection. Staff told us a standard operating procedure had been introduced for discrepancies in pharmacy orders and we saw that the resus trolley and anaphylaxis box were tamper proof.
- Staff told us there was a nominated Lead Pharmacist in the trust who they could contact for advice about medications.

## Records

- People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate patient records were available
- We saw that the provider held records securely in line with data protection requirements
- Data indicated that during the last 12 months, records had always been available when needed.
- Managers told us that staff never removed medical records from the premises.
- We looked at three complete sets of records and saw that they were complete, contemporaneous and all staff had clearly signed their entries. Records clearly indicated who had undertaken procedures, who had assisted and what equipment had been used.
- The unit had recently introduced Aspen Healthcare record keeping and documentation audits. The results of the audits in May and June 2016 were 89% and 88% respectively. Areas for improvement included; risk assessments not always completed, signatures / initials

not always in documented, entries not always timed using 24-hour clock, information given to patients not always documented and patient details not on every page.

- All staff had received and were up to date with annual information governance / record keeping training.
- Staff told us that all patients attending outpatients had an accompanying referral letter or their current medical records from a previous appointment or attendance available at the appointment. If a referral letter was not available at the time of appointment, the medical secretaries contact the Consultants personal secretary or referring clinicians' secretary to obtain the referral letter via fax.
- Diagnostic images and reports were stored electronically and available to clinicians via PACS (Picture Archiving and Communications System).

## Safeguarding

- Policies and processes were in place to safeguard vulnerable adults and young people.
- Staff we spoke with, in the Nova Healthcare unit and Radiotherapy, were all aware of their responsibilities and could articulate what they would do if they had safeguarding concerns.
- Although the provider did not treat children, all local Nova Healthcare staff were trained in children's safeguarding to level one.
- Three out of the four of the employed nurses and the local manager had received children's safeguarding training to level two. The fourth nurse was still to do level two training as she was new in post.
- All staff and registered managers at the unit were trained in adult safeguarding. The local managers had received additional adult safeguarding training and the new Director of Clinical Services was undertaking training at level 3. When their training was completed, the responsibility for the safeguarding lead would transfer to her. The local manager was the safeguarding lead at the time of the inspection.
- Managers' safeguarding training compliance was at 87%.
- An audit of the organisations responsibilities under Section 11 of the Children's Act (2004) and The Care Act 2014 (safeguarding adults) was undertaken biennially, and an annual safeguarding report presented to the Aspen Healthcare Quality Governance Committee. The last audit was undertaken in June 2015, with the next

# Outpatients and diagnostic imaging

one due in June 2017. We saw there was an action plan from the self-assessment highlighting a number of areas for improvement. Two of the things to address were to implement audits of staff knowledge and to include safeguarding in job descriptions. It was not clear from the evidence submitted that actions had been completed by the given time.

- Nova Healthcare staff worked to the local NHS trust with regard to safeguarding and they told us they had access to specialist nurses within the trust for advice if needed.
- Managers told us that all staff including doctors with PPs were checked by the disclosure and barring service (DBS) on appointment. The Aspen policy was for these checks to be renewed every 5 years. We saw evidence that this was undertaken.

## Mandatory training

- All staff received mandatory training as part of their induction and at regular updates. Training was provided through a combination of face to face training and online courses through the national skills academy.
- Frequency of training was annual for information governance, fire and life support and infection prevention and control and three yearly for moving and handling and safeguarding adults and children.
- Most of the local Nova Healthcare staff were fully compliant with mandatory training requirements which included; moving and handling, safeguarding adults and children, infection prevention and control, intermediate life support for nursing staff, equality and diversity, information governance and various health and safety modules.
- However, two out of four nursing staff were up to date with manual handling and three out of four with intermediate life support. Managers told us this was due to a period of extended sick leave for one member of staff.
- Administrative and clerical staff had received training regarding raising the alarm including initiating emergency calls for deteriorating or collapsed patients.
- Radiography staff we spoke with told us their mandatory training was provided by the local NHS trust and that this was up to date. We saw Nova Healthcare held training data for radiography staff.
- Bank and seconded staff received their mandatory training through the local NHS trust. We were told consultants with practising privileges received their mandatory training through the local NHS trust. We saw

that information on compliance with mandatory training was included in individual consultant appraisal information. However, this was not collated to provide overall assurance and compliance figures.

## Assessing and responding to patient risk

- We looked at three sets of records and saw that, documentation included a number of risk assessments such as, nutrition, risk of pressure damage, falls and moving and handling. Pre-procedure checklists were used and all documentation was completed correctly. Medical follow up, interventions and preoperative reviews were also evident.
- Policy was that all patients who underwent treatment should be risk assessed for venous –thromboembolism (VTE), however, data from NVA audits indicated that this was below the 95% target. In the reporting period (April 2015 to March 2016) results were 50% during April to June 2015, 80% during July to September 2015, 91% during October to December 2015 and 71% during January -March 2016.
- The unit was not a 24 hour facility therefore patients were informed how to access 24hr support from their general practitioner (GP) or accident (A&E) services and were given information on this at the start of their treatment.
- The Nova Healthcare unit had introduced the Aspen Healthcare audit of the World Health Organisation (WHO) safer surgical checklist in June 2016, the results from the first audit of five sets of records in June 2016 showed 100% compliance.
- Staff recorded patients observations post-treatment and used the national early warning score (NEWS) to identify deteriorating patients.
- The NEWS audit in February 2016 showed 95% compliance and the only omission had been completion of pain score.
- A resuscitation audit in February 2016 showed 93% compliance. The only area of non-compliance was that the unit was not carrying out bimonthly emergency scenarios in accordance with local policy.
- We saw that nurses gave patients a written instruction sheet at discharge, regarding how to care for their pin sites and what potential problems they may experience. The instructions clearly directed the patient to the general practitioner (GP) or accident and emergency department (A&E) depending on what type of problems were experienced.

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- There were up to date policies and procedures in the imaging department to ensure that the risks to patients from exposure to harmful substances were managed and minimised.
- All nurses had received training regarding the administration of blood transfusion.
- All patients were accompanied to and from the unit to the radiotherapy procedure room.
- There was an SLA in place with the local NHS trust for resuscitation services and staff instigated an alarm to the hospital resuscitation team if necessary.
- Training data indicated that two out of the four registered nurses were up to date with resuscitation training at intermediate level.
- We saw that computer mouse mats displayed emergency contact details for staff to be able to raise an alarm immediately when an emergency arose.
- There were written procedures and local protocols / rules in place as required under the IR (ME) R.
- There were named certified radiation protection supervisors (RPS) and a radiation protection advisor (RPA) employed by the local NHS Trust, to give advice to staff when needed. Staff told us they were available to provide regular advice and support.
- We saw radiotherapy staff using a safety checklist as part of the procedure for readying patients for gamma-knife surgery.
- We saw that staff checked patients' identity before carry out any discussion or intervention.
- We observed the consultant assess individual patients' risks before frame fitting and adjusted the placement of the frame accordingly.

## Nursing staffing

- Managers told us that staffing was arranged using the experience and knowledge of the senior nurses and predicted workload.
- Within the unit there was a core team of eight staff who provided and co-ordinated care with a number of additional individuals working with the team under a range of service level agreements (SLAs) with the local NHS trust. There were 2.4 whole time equivalent staff (WTE) and 4.4 WTE administrative staff employed by Nova Healthcare.
- Nursing staff used to work in theatres and those caring for Nova postoperative patients on a surgical ward

within the hospital were employed by the local NHS trust. There were SLAs in place between Nova Healthcare and the local NHS trust to ensure availability and competence of staff.

- Nova Healthcare did not use other agency or bank staff.
- There were three radiography staff working within the unit, who were seconded into this role for a period of 12 months.
- Within the Nova Healthcare team there was infrequent turnover of staff, however one nurse had recently left for a promotion opportunity within the local NHS trust. This post had been filled and the new member of staff was undergoing an induction programme that covered all mandatory training and other training required for her role.
- The radiographers told us that there were good arrangements in place with the trust team to ensure there was cover for annual leave and sickness if needed.
- There were enough staff to safely care for the patients in the unit.

## Medical staffing

- There were 37 doctors working under practising privileges (PPs) at the unit.
- All Consultants had to meet the criteria set out in Aspen Healthcare's PPs policy to be granted authorisation by the Executive Director Nova Healthcare to undertake the care and treatment of patients in the unit.
- To be eligible for PPs with Nova Healthcare, policy stated that consultants must hold a substantive or honorary contract with the local NHS trust. Any practitioner applying for PP's had to attend a meeting with the Executive Director and Medical Advisory Committee Chair to discuss their credentials. They must be licensed with and on the specialist register of the General Medical Council (GMC) and were required to demonstrate relevant clinical experience appropriate to practice in an independent clinic.
- We saw that consultants with practising privileges were up to date with indemnity insurance

## Emergency awareness and training

- Comprehensive business continuity plans were in place to make sure that the service was able to continue to provide services in the case of a major incident. These covered staffing shortages, electronic system failures and equipment breakdowns.

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- Radiotherapy equipment had battery back up in case of power failure

## Are outpatients and diagnostic imaging services effective?

Outpatients and diagnostic imaging were inspected but not rated for effectiveness.

We found:

- Policies and procedures were evidence based and up to date.
- The staff working in outpatients and diagnostic imaging departments were appropriately trained. 100% of Nova Healthcare staff had received an annual appraisal and there was evidence of strong multidisciplinary working across teams and local networks.
- Nursing, imaging, and medical staff understood their roles and responsibilities regarding consent and the Mental Capacity Act.
- Radiography staff undertook regular audits regarding quality assurance to check practice against national standards.
- Access to information, (electronic records, intranet and diagnostic reports) was very good and facilitated holistic oversight of all the care and treatment a patient was receiving, even if this was at a number of treatment centres/ providers.

### Evidence-based care and treatment

- Staff had access to policies and procedures and other evidence-based guidance via the trust's intranet. Staff we spoke with were aware of National Institute for Health and Care Excellence (NICE) and other guidance that affected their practice.
- Policies and procedures followed were those of the local NHS trust, Nova Healthcare and Aspen Healthcare.
- We saw that staff kept updated about new treatments and guidance through national and international clinical networks and by attending these forums, meetings and specialist conferences.
- We saw that radiotherapy treatments were planned in advance and advice was sought from senior colleagues at the local NHS trust if needed.
- We saw that radiotherapy and chemotherapy treatments were given according to the local NHS trust written protocols.

- Through their SLA with the local NHS trust Nova Healthcare had a radiation safety policy in accordance with national guidance and legislation (Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000). There were nominated radiation protection supervisors (RPS) to lead on the development, implementation and monitoring of compliance.
- We saw that NOVA undertook audits on a rolling programme, which included consent, resuscitation, infection, prevention and control (IPC) and medicines management. We saw that the provider had learned from these audits and made improvements to practice as a result.

### • Nutrition and hydration

- We saw there was the facility for patients and relatives to access hot and cold drinks in the reception area.
- We saw that patients were offered drinks in their rooms and were given a light meal, following their procedure and before being discharged.
- A patient told us if they wanted anything to eat or drink, they could just ask one of the nurses and they would bring something.

### • Pain relief

- We saw that staff were considerate of patients' comfort during procedures when positioning and moving.
- We saw that consultants used local anaesthetic during frame fitting and checked that patients did not feel pain as a result of the frame application.
- Patients were prescribed and given their usual medications, including painkillers during their stay on the unit.

### Patient outcomes

- There were quality assurance systems and processes in place in the imaging services. This was to ensure local and national standards were met and results were as timely and accurate as possible.
- During April 2015 and March 2016, there were no unplanned readmissions of an inpatient to the hospital within 28 days of discharge.
- During April 2015 and March 2016, there were no unplanned transfers.
- During April 2015 and March 2016 there no returns to theatre.
- The unit used a safety dashboard which included results of audits of patient records, consent, resuscitation, IPC and medicines management. These were reviewed and

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an exception report was presented at appropriate governance forums including the medical advisory committee (MAC). The dashboard enabled benchmarking across other Aspen Healthcare locations and assured good outcomes for patients.

- Aspen Healthcare was a founder member of the Private Health Information Network (PHIN), and staff were working with PHIN to improve the availability and comparability of outcome data across the independent healthcare system.
- Due to the specialist treatments provided by Nova Healthcare, specific clinical outcome data was unavailable at the time of inspection.
- There were no incidents of venous-thromboembolism (VTE) or pulmonary embolism between April 2015 and March 2016.

## Competent staff

- There were support mechanisms for the radiographers within their wider the local NHS trust. The staff told us that the medical physics lead and the RPS and RPA were available to provide support and advice as and when needed.
- There was formal competency based assessment for Nova Healthcare nursing staff, we did see the concierge had undergone training and been assessed at as competent to remove a head frame in an emergency.
- Some nursing staff had competencies from the Yorkshire Cancer Network
- We saw evidence that showed 100% validation of professional registration for doctors with practising privileges.
- All but two of the doctors working under practising privileges had received an annual appraisal, these two were only slightly overdue and dates had been booked for the appraisals to take place.
- Nursing staff were aware of revalidation requirements and the provider was supportive of this. The manager had a system in place, which enabled him to see when reregistration and revalidation was due.
- Staff told us they had an annual appraisal but clinical supervision needed to be developed. Staff employed by Nova had 100% appraisal rates.
- The radiographers told us they received their appraisals through the local NHS trust and they had all received an appraisal within the last 12 months.

- The medical physics lead from the trust oversaw Gamma-knife imaging decisions made by radiotherapists seconded to Nova Healthcare, and staff told us they could call on them for advice and support.
- The Gamma-knife manager was a qualified and registered nurse prescriber.
- We observed staff practice during treatments such as cannulations and saw that this was carried out competently using appropriate techniques.
- The Aspen Healthcare group provided a training catalogue for staff to view and book training relevant to their role and need.
- All staff told us that there were learning opportunities in addition to mandatory training. Learning was based on thorough analysis and investigation of when things had gone wrong on site and in other Aspen locations. Due to the specialist nature of this service, this had included attending training at out of area venues. Staff were linked into and encouraged to be active in cancer care networks such the Yorkshire Cancer Network and the UKONS (United Kingdom Oncology Nursing Society)
- Radiography staff told us they were trained in the used of each piece of equipment and were assessed as being competent in their use.

## Multidisciplinary working

- We saw evidence of good multidisciplinary (MDT) working across specialities, with the trust and into the community.
- We saw that radiographers attended MDT meetings and they told us that the relevant professionals considered all patients treated at Nova Healthcare. For example, patients referred for stereotactic radiosurgery were considered at the Central Nervous System MDT whose membership included Consultant Clinical Oncologists, Neurosurgeons, Neuro-radiologists, Nurse Specialists, Therapy Radiographers, Neuropathologists, Neuropsychologists and the Gamma Knife Manager. The MDTs met weekly and the Trust's MDT co-ordinator, recorded the outcome of the meeting.
- Staff told us that there was MDT input into the planning of all radio-surgical/ therapy treatments.
- As a specialist service provider, NOVA staff were members of the Strategic Clinical Cancer Network.
- We saw that the staff worked closely with the MacMillan team and other services providing care for their patients.

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- The registered manager told us that Nova worked with another independent provider who provided healthcare at home to enable patients to choose where they would prefer to have their chemotherapy (dependant on risk assessment). Sometimes this meant patients had their first dose at Nova Healthcare and subsequent treatments at home if this is what they wished. Nova Healthcare had several SLAs in place with the local NHS trust and worked closely with the radiology and diagnostic services to ensure patients could access a wide range of diagnostics and treatments. This was facilitated by the secondment arrangement of the radiographers and the support arrangements with the local NHS trust in place to make this work.
- MDT working was facilitated by trust staff attending Nova Healthcare governance meetings.

## Seven-day services

- The service was open for treatments and consultations Monday to Friday every week between 07.00 and 21.00 although these times varied according to patient needs
- The service carried out two robot assisted prostatectomy treatments per month on a Saturday morning.

## Access to information

- The local NHS trust policies and procedures were available to staff through the intranet, as were Aspen Healthcare corporate and Nova Healthcare local policies.
- Secretaries compiled discharge letters and they told us they sent these to the general practitioner (GP) the day following treatment or consultation.
- Secretaries did not routinely copy patients into discharge letters but they told us they would do this if a patient requested a copy.
- If a GP needed to know about any urgent changes to medications, the secretary would fax the information immediately.
- There was system in place for electronic referral and transfer of patients' medical information and images to and from Northern Ireland to Nova Healthcare to ensure full records were available for discussion at the MDT meeting prior to treatment and planning.
- The electronic records system allowed sharing of consultations and scans undertaken at other hospitals. This ensured treating consultants, nurses and radiographers had access to full patient information.

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

- All Nova Healthcare staff had received dementia awareness training and training regarding the Mental Capacity Act (MCA), which included assessment and deprivation of liberty.
- Radiography staff, we spoke with, told us they had received training regarding the mental capacity act (MCA) and taking informed consent. They were able to articulate the principles of MCA and how they obtained consent for different procedures.
- The unit used a two-stage consent process and we observed this in practice. The consultant took consent at the first consultation and this was confirmed by the radiologist prior to treatment.
- The unit had undertaken a consent audit in March 2016, which showed compliance at 97%. The areas highlighted for improvement were a copy of the consent form to be given to the patient, Patient details to be recorded on all pages, and surgeon's signature.

## Are outpatients and diagnostic imaging services caring?

Good 

We rated the service as good for caring because:

- Feedback from patients and relatives was continually positive about the way staff treated people. People felt staff went the extra mile and the care they received exceeded their expectations.
- There was a strong, visible, patient-centered culture and relationships between patients and staff were strong, caring and supportive.
- Patients and relatives were involved with their care and treatment. Staff were fully committed to working in partnership with the patients and making this a reality for each person.
- Patient's individual preferences and needs were reflected in how care their care was delivered.
- People's emotional and social needs were valued by staff and embedded in their care and treatment they received.

## Compassionate care

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- We saw patients were treated with dignity and respect during our inspection by clinical and non-clinical staff. We observed staff talking to patients on the telephone in a suitable manner and tone.
  - We spoke with 25 patients who felt that staff provided excellent care for them during their visits. One patient commented that they were more like friends than staff. Another commented 'I could not want for better treatment, it's fantastic'.
  - One patient commented that the staff walked them down to their transport and contacted them to ensure they had returned home safely.
  - Staff took time to interact with patients and relatives in a respectful and considerate manner.
  - Comments from patient during our inspection included 'staff were helpful', 'wonderful people, I felt safe and cared for', 'received the best care and attention'.
  - We spoke with a patient who told us how a consultant had spoken with colleagues abroad so that the patient could go on holiday last year to visit friends and relatives. The consultant had liaised with doctors abroad and ensured that mechanism were in place for ongoing treatments while the patient was away. This year, the patient was not likely to need any hospital treatment when away, but the consultant had given the patient and relatives their direct contact details should problems arise and had reassured them that they would liaise with doctors should this be needed
  - The service completes a quarterly patient satisfaction report. The latest report in 2016 identified that of the 15 respondents, 100% were likely to recommend the service to friends and family
  - We observed interactions between nursing, medical, radiography and concierge staff and saw that patients were spoken to with warmth as individuals and all members of staff listened to and addressed patients' needs immediately.
  - Staff meeting minutes recorded a member of staff's concern that the fire alarm test was disturbing for patients and had asked if anything could be done to lower the volume of the test alarm. The manager had agreed to look into this and in the meantime it was suggested that notices be displayed to ensure patients knew when the fire alarm would be tested.
  - We accompanied two patients, with their consent, through their care pathway and observed that all staff treated them kindly and compassionately. We saw the consultant re-assessed and gave good explanations of what to expect and how it might feel during frame fittings and talked the patients through the procedure step by step.
  - We saw radiographers and nursing staff had taken great care to position a patient who had a painful leg comfortably before commencing gamma knife treatment.
- ### Understanding and involvement of patients and those close to them
- We observed patients were involved during their care. Patients who had undergone Gamma Knife treatment were enclosed alone in a room for a period of time but could speak to the radiographers and receive instructions and reassurance through an intercom system. Patients could choose to play their own music during the procedure if they wished and said that this helped them relax.
  - We spoke with 25 patients who all said that they were involved and participated in their care.
  - The patient satisfaction report in 2016 identified that the 15 respondents felt that they were involved with decisions about their care.
- ### Emotional support
- Staff were supportive to patients and showed a high level of empathy and compassion during their procedures. One example was during the Gamma Knife procedure where we observed staff reassuring the patient and making them feel at ease.
  - We observed a consultation for a patient that had a recent admission for a health condition. The patient had recently been discharged and an appointment had been arranged with the service. The staff member knew the patient well and provided appropriate support.
  - We saw that a member of the Macmillan Team was made aware that one of their patients was receiving treatment and the member of staff visited to provide emotional support and re-assurance about other appointments and ongoing care.

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## Are outpatients and diagnostic imaging services responsive?

Good 

We rated the service as good for responsive because:

- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care. People's individual needs and preferences were central to the planning and delivery of tailored services. The service was flexible, provided choice and ensured continuity of care.
- People could access the service in a way and at a time that suited them.
- The service had minimal waiting lists or none at all.

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

The service provides treatment for patients from the region, nationally and internationally.

- The director of the service met on a regular basis with members of the local NHS trust to discuss service provision. The service also met with NHS England regarding the services they provided.
- The service provided treatment for patients from West Yorkshire Neurosciences Network, Northern Ireland and privately funded patients.
- The service had appropriate service level agreements in place with the local NHS trust to provide; an angiogram service, blood and blood components, brachytherapy, diagnostic imaging, medical physics, pathology, pharmacy, prostate surgery, radiotherapy and resuscitation services.

### Access and flow

- The service treated 399 day cases between April 2015 and March 2016, of these 62% were NHS funded and 38% were privately funded.
- The service saw 1,487 outpatients between March 2015 and March 2016, of these 38% were NHS funded and 62% were privately funded.
- The service had a service level agreement with the local NHS trust to complete two robot assisted prostatectomy treatments per month. Between August 2015 and July

2016, 19 surgical treatments had been completed. The manager told us that through liaison with Consultants, theatre staff and bed management team, additional cases could be undertaken.

- Information provided by the service from January to July 2016 identified patients who required Gamma Knife treatment waited an average of 4.8 days from decision to treatment. Overall the time from the patients' referral to treatment was an average of 11 days.
- Patients were triaged in order of need. This was irrespective of whether they were private patients or NHS funded patients.
- The service did not have a waiting list for chemotherapy, radiotherapy or patients requiring a prostatectomy.
- Appointments were scheduled to fit around the patients' individual needs and preferences. A patient told us how their own schedule had been arranged to fit around a holiday.
- There were no patients in the period from March 2015 to March 2016 who did not attend their appointments.

### Meeting people's individual needs

- Patients attended a consultation prior to their treatment where a holistic assessment was completed. Staff would identify any individual needs and put these in place prior to commencing their treatment. An example given was that staff could use the local NHS trust's interpreting service if required.
- All patients received individualised care and treatment based on their own different and unique needs. We saw various examples during our inspection where patients chose the time and date of their treatment to fit around their own individual needs.
- Patients could ring the service and request an appointment and they would be seen immediately. We asked patients during our inspection who confirmed that they saw consultants with ease.
- The service had individual rooms and bays where treatments were completed. On occasions some patients had requested to sit together and this was arranged.
- Patients completing chemotherapy completed a chemotherapy treatment passport; this was their own patient held record that they would bring with them. Each patient was given information on symptoms to

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observe and contact numbers. The information identified for the patient to contact the service Monday to Friday 9am to 6pm and alternative numbers for the local NHS Trust out of hours.

- Patients and colleagues were given a mobile number for any concerns regarding their gamma knife treatment. For example, a general practitioner (GP) in Northern Ireland contacted the mobile to discuss about their patient's ongoing care that had recently had gamma knife treatment.
- There was no bariatric equipment within the service; however, staff said that if any were required they could access the local NHS trust's bariatric equipment.
- The environment was clean, light, spacious and accessible to people with a disability. Patients and staff reached the ward by a lift from the ground floor of the main hospital.
- The last patient led assessment of the care environment (PLACE) took place in May 2016. The recommendations from the audit were that the provider needed to consider whether the toilets on the unit needed to be single sex and to review the reception desk to ensure it meets the needs of disabled people and those with a hearing loss. At the time of our inspection, there was one action outstanding and staff were awaiting cleaning schedules from the local NHS trust. The reception desk had a hearing loop fitted and the counter area was suitable for wheelchair users. The organisation had consulted with the local NHS trust who had considered a single sex toilet in the reception area was acceptable on their site and there had been no complaints from service users.
- Nova Healthcare scored 98% for the ward and outpatient areas for cleanliness, 78% and 83% respectively for privacy, 100% for both areas for condition and maintenances and 78% for disability in the outpatient area and 100% in the ward area.
- We saw that patients receiving chemotherapy treatment could choose to have their first and subsequent dose at home if risk assessed as appropriate and delivered by another home health provision.
- The service could access the local NHS trust service including interpreters, Macmillan and dementia specialists.
- We saw that the service worked with the patients to identify convenient appointment times and to reduce

the number of trips to the hospital for different investigations or treatments. We observed one patient arrange the time to visit for chemotherapy treatment once that they had returned from holiday.

## Learning from complaints and concerns

- Information was available on the service's website to direct patients how to complain. The service acknowledged a complaint within 48 hours and completed a full response following an investigation of the concerns. The final response was provided within 20 days. All complainants were invited to re-contact the service if they had any outstanding questions or concerns and the complaint remained open for two weeks following the final written response.
- The Executive Director led and co-ordinated all complaints. All complainants were offered where appropriate a face to face meeting to identify and understand the concerns raised. There was an active review of complaints and how they were managed and responded to. There were minimal complaints regarding the service.
- The complaints leaflet did not highlight that they were now members of Independent Healthcare Sector Complaints Adjudication Service.
- We saw a comments, compliments and complaints leaflet in the general reception area that
- Patients could access. This identified the procedure for how patients could complain irrespective of how they were funded. The leaflet identified that the Ombudsman could not look into care for privately funded patients and gave details of the trading standards department they could contact. The service had recently joined the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) which allowed patients to complain if they were not satisfied with the services response.
- The service compiled a complaints register. This highlighted when the complaint was received, acknowledged, details of the complaint, response, actions and lessons learnt, although it did not always identify the lessons learnt and acknowledgement date within the register. The service had received one formal complaint between August 2015 and July 2016.
- No complaints have been referred to the Ombudsman or ISCAS between August 2015 and July 2016.
- We looked at a complaint. The complaints log identified that the complaint was acknowledged within the

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time-frame set by the service. The service had been in contact with the complainant also through emails. We observed that the complaint was discussed at the quality governance committee meeting. This included what lessons needed to be learnt as a result of the complaint. The final response was provided to the complainant within the agreed timescale of 20 days.

- The service consulted with the local NHS trust when complaints were regarding both services. We observed communication during our inspection that showed the discussion about patient complaints.
- An annual complaints report was also collated yearly which reviewed the previous year's complaints, and included key learning and improvements made as a result from any complaints.
- In the last 12 months the service had cancelled two procedures due to the MRI machine not working, both patients were offered another appointment within 28 days. The service was able to offer same day consultation and treatment for patients travelling a long distance.

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

Good 

We rated well-led as good because:

- Staff told us that managers were visible and approachable.
- Staff told us that they felt valued by the individual managers and by the Aspen organisation.
- The unit operated an effective governance structure with clinical governance reporting arrangements quarterly.
- Risks were identified and acknowledged and action plans were put into place to address them.
- There were clear service level agreements for a number of Trust services which were implemented in a seamless manner.

However:

- Although mandatory training information was available for doctors with practising privileges within individual personal records, this was not collated by the service to provide overall assurance and compliance figures.

- It was unclear in the evidence whether two actions in the biennial safeguarding self-assessment were being undertaken. These were an audit of staff knowledge and including safeguarding in job descriptions.

### Vision and strategy for this core service

- All staff told us that they were aware of the vision and strategy of the organisation despite the new arrangements with Aspen Healthcare. They were able to demonstrate these in their discussions about patient care and treatment.
- All staff we spoke with told us that they were clear about the mission of the organisation which was to provide first class independent health care for patients both local to Leeds and elsewhere in a safe, comfortable and welcoming environment, one which they would have been happy to treat their own families.
- Staff knew of, and 50% had attended the Aspen Healthcare 'step up to safety' programme which focusses the organisation on patient safety and acknowledging Aspen Healthcare was a leader in patient safety. The programme was started in June 2016 and was being rolled out to all staff including doctors with practising privileges.
- Aspen Healthcare had started to roll out a half day workshop to ensure staff were aware of the corporate values. We saw a programme for delivery

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

- There was a Medical Advisory Committee (MAC) which included representatives of the specialities. The chair was not a qualified doctor but there was a medical director on the committee to support that post. The MAC met quarterly and provided advice on clinical issues and provided a forum for representing the views of medical practitioners, reviewing policies, NICE guidance and reviewing practising privileges.
- At a corporate level, Nova Healthcare performance was compared to other Aspen sites governance dashboard. An exception report was presented at appropriate governance meetings. There was evidence in minutes of MAC meetings and clinical governance meetings that relationships between the local NHS trust and Nova Healthcare continued to be developed and joint working was very well embedded
- We saw clear evidence of the organisation structure of Nova Healthcare Quality Governance Committee and

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their subgroups. These included infection prevention and control, medicines management and incident reviews, health and safety, risk register and information governance. There were clear links to Aspen Healthcare Quality Governance Committee sub committees, including infection control, and the medicines management committee.

- We observed the organisational link between the Nova Healthcare Medical Advisory Committee and the local NHS trust.
- We saw the terms of reference for the Quality Governance Committee were to be extended to key professionals in the local NHS trust. This included the matron for surgical oncology, and the business manager for non-surgical oncology. These professionals attended the July 2016 meeting with the view to forge greater integration including shared learning.
- All service level agreements were available on the intranet and additionally kept in a paper file. These included radio therapy, medical physics and diagnostic imaging. In addition other services were available to patients and staff such the local NHS trust health and well-being service. All service level agreements had been recently reviewed and there was documented evidence of positive communication between Nova Healthcare governance structure and that of the local NHS trust
- All staff told us that they had good relationships with the local NHS trust wards and departments, and that it was never a problem to refer a patient onto another service. Patients we spoke with told us that there was good communication between Nova Healthcare staff and those employed by the local NHS trust.
- All consultants who had practising privileges were up to date with their appraisals. These were completed within the local NHS trust frameworks. Practising privileges were formally reviewed every two years as part of Aspen Healthcare's practising privileges policy modelled on the Association for Independent Healthcare Organisations (AIHO) guidance. Consultants wishing to practice in Nova Healthcare unit had to formally apply through the MAC with practising privileges and these were then granted at the discretion of the Executive Director as nominated Individual. We saw three consultants practising privileges had been removed this year due to retirement.
- We saw that Consultants with practising privileges had up to date indemnity insurance and DBS checks.

However, although mandatory training information was available for doctors with practising privileges within individual personal records, this was not collated by the service to provide overall assurance and compliance figures.

- There was a dedicated Gamma Knife manager who was responsible for managing the service and patient referrals.
- We reviewed the Nova Healthcare risk register. The main risk was around IT systems. This was acknowledged and we saw planning to address this. The risk register was reviewed at Quality Governance Committee meetings and included a review of mitigating actions. All risks over 15 were escalated to the Aspen Healthcare Board and the Aspen Healthcare Chief Executive Officer (CEO). These were then reviewed at each group Quality Governance Committee and the Aspen Quality Board.
- We reviewed the last set of minutes of the Nova Healthcare Medical Advisory Committee which demonstrated clear governance oversight and progression of actions.
- We were unable to observe the Duty of Candour in practice as there had been no incidents of moderate harm which had required this. However staff had knowledge of this and it was embedded in the raising incidents procedure.
- We were unclear as to whether the actions resulting from the biennial safeguarding audit had been completed. This included an audit of staff knowledge around safeguarding and the inclusion of safeguarding in job descriptions

## Leadership / culture of service

- We saw evidence of a genuinely open culture led by the registered manager in which all safety concerns raised by staff and people who used services were highly valued as integral to learning and improvement. Staff extended their roles where safe and appropriate. For example the concierge had been taught to remove head frames in an emergency situation and this had been risk/competency assessed.
- All staff we spoke with perceived the merger with Aspen Healthcare to have been positive and an opportunity for growth and improved patient care. The Aspen Healthcare 'step up' programme included the importance of open and honest dialogue between staff.

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- All staff we spoke with told us that they felt supported in their role. There was a daily leadership walkabout where staff were spoken with directly.
- Radiography staff told us that they could recognise concerns and knew where to take them
- Progress towards safety goals were reflected in a zero harm culture.
- Senior staff had knowledge of the Aspen Healthcare policy regarding handling, managing and responding to concerns about the performance of healthcare professionals. There were no current issues requiring this to be used. We were told that issues usually got dealt with at a low level preventing escalation.
- Staff told us that they considered that it was beneficial for the smooth running of the unit that all consultants with practising privileges have either a substantive or honorary contract with the Leeds Teaching Hospitals NHS Trust. This meant that they were easily accessible and were familiar with the local NHS trust and the Nova Healthcare environment.
- This was a stable workforce with only one nurse over the last year leaving for a promotion within the partner NHS Trust. The majority of staff, including administration staff had been in post since the inception of the service in 2009. There was no long term sickness at the time of our inspection. The service did not use bank or agency staff
- All staff employed by Nova Healthcare had relevant DBS checks in line with Aspen Healthcare and consultants via the local NHS trust requirements.
- A roadshow for executive managers to visit locations and meet staff took place and was to become an annual event.
- There was clear information on the internet and intranet for both staff and patients as regards services provided and contact details.
- The service completed a quarterly patient satisfaction report.
- Staff told us that they felt involved and engaged in service delivery conditions. A new member of staff had brought some new ideas to her clinical lead which she felt had been considered seriously.
- Staff were able to dial into Quality Governance Committee meetings if unable to attend.
- We saw the annual quality account had been published and was available for staff and the public to view on NHS Choices.
- There was occupational health provision for Nova Healthcare employees through the local NHS trust and an employee assistance programme in place through Aspen Healthcare.
- A patient led assessment of the care environment (PLACE) had been carried out in May 2016 with an action plan

## Innovation, improvement and sustainability

- Nova Healthcare staff presented at conferences to discuss developing the use of the Gamma Knife treatment and outcomes for patients. These included national and international venues and sharing research and learning globally.
- There was a Trust Joint Emergency Plan (JERP) to address any potential business crisis.
- There was documented growth in activity across most services.
- Nova Healthcare were part of the Aspen Healthcare quality strategy which outlined priorities for the overall organisation over the next three years.

## Public and staff engagement

- Nova Healthcare participates in Aspen Healthcare led staff safety surveys and safety walkabouts.

# Outstanding practice and areas for improvement

## Outstanding practice

- We saw outstanding seamless working with NHS professionals at the local NHS trust for the best outcomes for patients.
- Feedback from patients and their relatives was overwhelmingly positive, describing their care in terms of 'fantastic' and 'first class'. For example, one patient commented that the staff walked them down to their transport and contacted them to ensure they had returned home safely.
- Staff provided a flexible and responsive service. Patients could access services in a way that suited them, provided choice and continuity of care. The service had minimal waiting lists or none at all.

## Areas for improvement

### Action the provider SHOULD take to improve

Nova Healthcare should:

- Review systems so doctors with practising privileges who access mandatory training through the local NHS trust are included in Nova healthcare training figures to ensure oversight.
- Ensure that actions in the biennial safeguarding assessment are undertaken and documented.