

The New Victoria Hospital

Quality Report

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and 20 July 2016
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

This was the first comprehensive inspection of The New Victoria Hospital, which was part of the CQC's ongoing programme of comprehensive, independent healthcare acute hospital inspections. We carried out an announced inspection of The New Victoria Hospital on 19-20 July 2016. We did not undertake an unannounced inspection, because we obtained the required evidence to make a judgement during the announced visit.

The inspection team inspected the core services of surgery and outpatients and diagnostic imaging services.

Complex diagnostic investigations such as magnetic resonance imaging (MRI) and computerised tomography (CT) scans were provided by the hospital.

Overall, we have rated The New Victoria Hospital as 'Good'. We found surgery good in all of the key questions we always ask of every service and provider relating to safe, effective, caring, responsive and well led. Outpatients and diagnostic imaging services was rated good in the four key questions relating to safe, caring, responsive and well led. We inspected, but did not rate the key question of effective.

Are services safe at this hospital/service

By safe, we mean that people are protected from abuse and avoidable harm.

- Patients were protected from avoidable harm and abuse. Incidents were reported, investigated and lessons were learned and improvements had been made when needed.
- Patients were appropriately risk assessed and monitored throughout their stay.
- There were appropriate levels of both consultant and nursing staff to meet the needs of patients.
- Cleanliness and infection control procedures were adhered to by all staff.
- Clinical staff had appropriate safeguarding awareness training and people were safeguarded from abuse.
- Outcomes of incident reviews were not shared widely with junior staff.
- Knowledge of and adherence to low level infection control measures were lacking.
- Records of when equipment was cleaned were not kept.
- Consultants used their own notes to record the patient's outpatient consultation and not all of those notes were retained within the hospital medical records.
- The hospital did not use the situation, background, assessment, recommendation (SBAR) tool for their RMO handover, however there were arrangements for comprehensive daily RMO to RMO handover, the RMO daily handover sheet contained name, age, consultant and concerns.
- Children were seen by adult consultants and without a children's nurse present. The management was aware that this was an issue and had begun to address it by having a bank children's nurse cover when a child is being seen at the hospital.

Are services effective at this hospital/service

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Patient care and treatment reflected relevant research and guidance, including the Royal Colleges and National Institute for Health and Care Excellence (NICE) guidance.
- Staff had access to further training and were supported in developing.
- Regular and meaningful clinical audits were carried out.
- There was shared responsibility for care and treatment delivery and multidisciplinary team approach was evident across services provided.
- The hospital provided evening appointments and diagnostic imaging was available seven days a week.

Summary of findings

- Knowledge and awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards was lacking amongst some surgical staff.

Are services caring at this hospital/service

By caring, we mean that staff involve and treat patients with compassion, dignity and respect.

- People were treated with kindness, dignity, respect and compassion whilst they received care and treatment.
- Patients understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.
- The patient feedback about the hospital was very positive and the way staff treated patients was rated very highly.

Are services responsive at this hospital/service

By responsive we mean that services are organised so they meet people's needs.

- Services were planned and delivered to meet the individual needs of most patients, including arranging and re-arranging appointments that met their individual needs.
- Patients were seen in a timely manner for all appointments by their chosen consultant and clinics were rarely cancelled at short notice.
- The service was easy to access and flow through the hospital was smooth and rarely impeded.
- Provision had been made to meet the needs of people from different cultures and backgrounds.
- People's concerns and complaints were listened to and responded to and feedback was used to improve the quality of care.

Are services well led at this hospital/service

By well-led, we mean that the leadership, management and governance of the organisation, assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- There were clear values for the service which staff were aware of and reflected on the care and treatment they provided.
- The governance framework and risk management ensured staff responsibilities were clear and that quality, performance and risks were well understood and managed.
- Staff morale was very high and all staff felt engaged and able to suggest improvements to the way care and treatment was provided.
- There was an open and supportive culture.
- Nursing staff were focused on providing the best service they could for all patients.
- The risk register did not reflect the actual risks of the service, with no date, actions or responsible persons.

We saw one area of outstanding practice:

- One surgeon uses the UroLift System which is ground-breaking prostate surgery.

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

The provider should:

- Ensure the risk register reflects the actual current risks of the service and includes date, actions and responsible person for each action.
- Ensure children are not seen by adult consultants, unless a children's nurse is present at all times.
- Widely share outcomes of incident reviews with junior staff.
- Ensure staff knowledge of and adherence to low level infection control measures is improved.

Summary of findings

- Keep records of when equipment are cleaned.
- Ensure all patient records are always available prior to outpatients appointments.
- Ensure staff knowledge and awareness of the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards is improved.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

We rated this service as good because:

- Patients were appropriately risk assessed and monitored throughout their stay.
- There were appropriate levels of both consultant and nursing staff to meet the needs of patients.
- Care and treatment were based upon recognised best practice and national guidelines.
- Staff had access to further training and were supported in developing.
- We observed staff providing people with treatment in a kind and considerate fashion.
- Patients were given appropriate information about their care and treatment and involved in decisions about it.
- The service was easy to access and flow through the hospital was smooth and rarely impeded.
- Provision had been made to meet the needs of people from different cultures and backgrounds.
- There were clear values for the service which staff were aware of and reflected in the care and treatment they provided.
- Comprehensive governance arrangements were in place to monitor the quality of the service at the hospital and these were used to make improvements.

Good



However:

- The risk register did not reflect the actual risks of the service, with no date, actions or responsible persons.
- Outcomes of incident reviews were not shared widely with junior staff.
- Knowledge of and adherence to low level infection control measures were lacking.
- Records of when equipment was cleaned were not kept.
- There were gaps in staff knowledge and awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Summary of findings

Outpatients and diagnostic imaging

Good



We rated outpatients and diagnostic imaging as good because:

- Staff had a good understanding of how to report incidents and learning from incidents was shared at a departmental level.
- Clinical areas and waiting rooms were all visibly clean and tidy. Infection prevention and control practices were followed and these were regularly monitored, to prevent the unnecessary spread of infection.
- Appropriate equipment was available for patient procedures and tests. Equipment was well maintained and safety tested annually or in accordance with manufacturer's guidelines.
- Medicines were stored securely. There was evidence of multidisciplinary team working across all departments.
- Care and treatment were based upon National Institute of Health and Care Excellence (NICE) guidance and recognised best practice, there was evidence that clinical audits were being undertaken in all outpatient areas, including recording of patient reported outcomes.
- Nursing staff were supported in their role through appraisals and were encouraged to participate in training and development to enable them to deliver good quality care.
- Staffing levels and the skill mix of staff was appropriate for both the outpatient department and diagnostic imaging.
- Nursing staff undertook appropriate mandatory training for their role and they were supported to keep this up-to-date.
- Patients were very positive about the care that they received and the information provided to them. Patients were treated with dignity and respect while they attended the hospital.
- The consent process for patients was well structured and staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Patients pain needs were met appropriately during a procedure or investigation.

However:

Summary of findings

- Children were seen by adult consultants and without a children's nurse present. The management was aware that this was an issue and had begun to address it by having a bank children's nurse available when a child is being seen.
 - Some patients we spoke with commented there was insufficient parking due the refurbishment and reconfiguration of the hospital.
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Summary of findings

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Good 

The New Victoria Hospital

Services we looked at

: Surgery; Outpatients and diagnostic imaging;

Summary of this inspection

Background to The New Victoria Hospital

The New Victoria Hospital opened in 1958 comprising a 16 bed ward, operating theatre and X-ray department. In the 1970s, the 16 bed ward was replaced by a new wing (Colville), housing 16 single rooms.

In 2012, The Victoria Foundation, the charity founded from the original sale, re-purchased the hospital and it was re-awarded its charitable status.

Currently, The New Victoria Hospital has 21 inpatient beds, seven consulting rooms and six day case beds in the endoscopy suite. Consulting rooms are rented to consultants for the purpose of carrying out their practice.

Major development of the hospital was in progress during this inspection. The building will comprise a new theatre suite with 3 laminar-flow theatres plus endoscopy facilities, a 14-bedded day unit, a 2-bedded HDU, pathology services and an enlarged imaging department. A new outpatient department with twelve consulting rooms is due to be built in 2017.

The New Victoria Hospital mainly provides privately funded treatments, but also undertakes some work for the NHS. Most of the hospital patients live in and around the South West London area. The hospital offers a range

of multi-speciality surgical procedures, including orthopaedics, gynaecology and gastroenterology. Diagnostic and imaging and a physiotherapy service are also provided. Children and young people are treated at the hospital, but only those above aged three are admitted. Patients are admitted for elective surgery, day case or receive outpatient care. There are no urgent admissions.

The New Victoria Hospital offers physiotherapy treatment for inpatients and outpatients in its own dedicated and fully equipped physiotherapy suite which includes a gymnasium.

We inspected The New Victoria Hospital as part of our planned comprehensive inspection programme. We looked at two core services provided by the hospital: surgery and outpatients and diagnostic imaging (including children and young people).

The registered manager is Pamela Newsham, registered in 2010.

The nominated individual from The New Victoria Hospital Limited is also Pamela Newsham.

Our inspection team

Our inspection team was led by:

Inspection Lead: Roger James, Inspection Manager, Care Quality Commission

The team included two CQC inspectors, and a variety of specialists: a consultant surgeon, a consultant physician, two nurses, a radiographer 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 our inspection, we reviewed a range of information we held about the hospital and each core service.

We carried out an announced inspection on 19 and 20 July 2016. During our inspection, we spoke with members of staff of all grades, including consultants who were not

Summary of this inspection

directly employed by the hospital, patients and relatives who use the hospital services. We visited the clinical areas and observed direct patient care and treatment. We also reviewed how medicines were managed.

We reviewed the provider's complaints process and looked at three patient records who had made complaints.

We held planned focus groups with clinical and non-clinical staff on 12 July 2016, to allow staff to share their views with the inspection team.

We also interviewed the hospital's senior managers, including the registered manager, head of nursing and chair of the MAC. We also interviewed the resident medical officer (RMO).

Information about The New Victoria Hospital

Hospital activity between April 2015 to March 2016:

- Inpatient activity, 4,531
 - Overnight, 969
 - Day case, 3,562
- Visits to theatre, 9,511
- Outpatient activity, 11,864
 - First attendance, 11,864
 - Follow up, 0

The five most common medical procedures were:

- Local Anaesthetic Block (408)
- Diagnostic OGD (Gastroscopy) (380)
- Diagnostic Endoscopy of Bladder (347)
- Diagnostic Colonoscopy (246)
- Diagnostic Gastroscopy & Colonoscopy (121)

The accountable officer for controlled drugs is Pamela Newsham, who is also the registered manager.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Information about the service

The surgery department at The New Victoria Hospital provides services to adults and a limited number of children. There are 20 beds across two different wards which were used for both day cases and inpatient stays. There were three theatres and a two-bed recovery suite. Whilst a full range of elective surgical procedures took place at the hospital (predominantly on a private basis), the majority of the procedures were orthopaedic or gynaecological. Between April 2015 and March 2016 there were 4,341 visits to theatre.

During the inspection we visited both wards and the theatre complex. We spoke to approximately six patients and their relatives, 29 members of staff and reviewed eight sets of patient notes.

Information provided by the hospital prior to our inspection was reviewed and used to inform our inspection approach. We received comments from various staff at the focus groups we held at the hospital.

Summary of findings

We rated this service as good because:

- Patients were appropriately risk assessed and monitored throughout their stay.
- There were appropriate levels of both consultant and nursing staff to meet the needs of patients.
- Care and treatment were based upon recognised best practice and national guidelines.
- Staff had access to further training and were supported in developing.
- We observed staff providing people with treatment in a kind and considerate fashion.
- Patients were given appropriate information about their care and treatment and involved in decisions about it.
- The service was easy to access and flow through the hospital was smooth and rarely impeded.
- Provision had been made to meet the needs of people from different cultures and backgrounds.
- There were clear values for the service which staff were aware of and reflected in the care and treatment they provided.
- Comprehensive governance arrangements were in place to monitor the quality of the service at the hospital and these were used to make improvements.

However:

- The risk register did not reflect the actual risks of the service, with no date, actions or responsible persons.
- Outcome of some incidents reviewed had not been shared widely with junior staff.

Surgery

- Knowledge of and adherence to low level infection control measures were lacking.
- Records of when equipment was cleaned were not kept.
- There were gaps in staff knowledge and awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are surgery services safe?

Good 

We rated safe as good because:

- Incidents were recorded and reviewed.
- Patients were appropriately risk assessed and monitored throughout their stay.
- There were appropriate levels of both consultant and nursing staff to meet the needs of patients.

However;

- Outcome of some incidents reviewed had not been shared widely with junior staff.
- An internal audit showed that adherence to hand hygiene measures needed to be improved.
- Records of when equipment was cleaned were not kept.

Incidents

- All incidents were reported using a computer-based system called 'datix'. These were then automatically sent to relevant senior staff for review as part of the standard governance process. Significant clinical incidents were reviewed by an independent consultant.
- Lessons learnt from incidents were reported back to junior staff through the heads of department at team meetings. We saw records of discussions of incidents at both the junior and senior team meetings.
- Between April 2015 and March 2016 there were no Never Events at the hospital. Never events are serious, wholly preventable patient safety incidents, which should not occur if the available preventative measures are implemented.
- There was one serious injury during this period. This related to a patient fall in a bathroom. We were told by senior staff that they were satisfied that appropriate safety measures had been taken beforehand. This is the same rate per 100 when compared to other independent acute hospitals (0.1%). There were no deaths. 38 clinical incidents took place in surgery or inpatient settings, none of which resulted in severe harm or death. For the period April 2015 to March 2016, the assessed rate of clinical incidents is lower than average, when compared to the other independent acute providers we hold this type of data for (2.5% versus 5%).

Surgery

- Between April 2015 and March 2016, there were two unplanned transfers of patients to local high dependency units (HDUs). This was not a high number when compared to other similar services over the same time frame. In the same time period, there were 13 unplanned readmissions of patients, which was also not a high number when compared to similar services. There were also six unplanned returns to theatre. All of these incidents were reviewed and no significant trends or themes were identified.
- Staff were able to describe some of the minor incidents and the learning that had come from them which was provided at team meetings. They said that this learning was shared across departments.
- Senior staff considered there to be a 'strong reporting culture' within the hospital and felt that all incidents were likely to be reported. The majority of staff that we spoke to were able to describe minor incidents that had taken place, the learning from them and the changes that had been made as a result.
- There was a policy on Never Events including what they were and how to respond to them. Staff received face-to-face training on this as part of their induction and then every three years.
- However, we asked junior staff specifically about the returns to theatre and transfers to external high dependency units that had taken place in the past year as these represented some of the most high-level incidents that had taken place. The majority of junior staff we spoke with were not able to tell us the reasons for these transfers or returns to theatre or whether there was any specific learning to be had from them. Whilst senior staff reported that there was no significant learning from these events, it was not clear that junior staff had been involved in these reviews or offered their perspective and there would still be valuable learning in staff understanding why these events happened irrespective of whether they were preventable or not. Senior staff acknowledged that some of the potential feedback from these incidents may not have reached all staff at ward level.
- The hospital had a comprehensive "Being Open - Duty of Candour Policy" which was fully embedded in their working practice. We were told after the inspection that this policy was updated in September 2016 in line with updated guidance from the Association of Independent Healthcare Organisation (AIHO). The hospital had a patient guide explaining Duty of Candour and the

process for managing a notifiable incident including informing the Care Quality Commission. In-house training for heads of department on Duty of Candour took place in March 2016. The duty of candour regulation requires providers of health services to be open and transparent when things go wrong. This includes some specific requirements, such as providing truthful information and an apology.

- Staff that we spoke with were aware of the need to be open and honest with patients when errors occurred. At the service, if a patient was involved in an incident, they were informed of what had happened and given an apology. Staff informed the head of department and completed an incident reporting form.

Safety thermometer or equivalent

- Whilst the service did not explicitly use a 'safety thermometer', patients were monitored throughout their time at the hospital to check they did not acquire a pressure ulcer, they did not fall, that those with a catheter did not contract a urinary tract infection, and that they were safe from venous thromboembolism. However, not all junior staff were fully aware of how the data was used.
- Data submitted by the hospital showed that between April 2015 and March 2016 there was one incident of a patient developing Deep Vein Thrombosis one week post-operatively. The completeness of VTE screening was monitored. Staff told us that in the first two quarters of the reporting period compliance had been at 90%, but that a change in the process had raised awareness and in the remaining two quarters compliance was at 97% and 98%.

Cleanliness, infection control and hygiene

- Staff we spoke with were satisfied with the level of cleaning and quality of the environment they worked in. They said that cleaning staff were readily available when needed.
- There were specific protocols for the cleaning of theatres including what areas were to be cleaned, by whom and with what frequency. An external company was used to decontaminate reusable surgical instruments and equipment.
- Between April 2015 and March 2016, there were three surgical site infections following the main procedures carried out at the hospital.
- When patients were scheduled to be in the hospital for more than two days, they were automatically screened

Surgery

for infection, and also if a patient has been in another hospital for longer than two days they were screened for MRSA carriage. Swabs were also taken for a specific set of procedures and results would be available the following day.

- We reviewed the hospital environment including theatres. In general, the environment was clean and well kept. Personal protective equipment and hand cleansing gels were available throughout.
- However, at the point where the existing build intersected with the new build under construction, there was building dust in evidence. Senior staff noted that this had been an issue and showed us evidence of the extra cleaning that took place to try and minimise any risk from this. They reported that they had not had any cleanliness or infection control issues recently that could be directly attributed to the building work.
- We observed two occasions where staff did not use hand gels when entering clinical areas and another two occasions where staff did not follow appropriate infection prevention and control measures whilst treating or supporting patients on the wards. Staff knowledge of general infection control protocols and procedures appeared limited, which could be a risk should an infection risk be introduced to the environment. In November and December 2015 a hand hygiene audit was undertaken at the service. During this, 32 hand hygiene opportunities were observed and four were noted to be missed. Those four opportunities related to staff not cleansing hands, following contact with patient surroundings.
- There were protocols in place for when equipment was cleaned and the equipment we saw appeared clean at the time of the inspection. However, whilst the small size of the service was noted, and the amount of equipment matched this, records were not kept of when equipment was cleaned. This meant there was a risk, equipment cleaning might not take place if those responsible for doing so were placed under pressures that disrupted their regular routine and there would be limited capacity for managers to independently verify whether cleaning had taken place.
- Each room was cleaned each day and upon patient discharge and audits were done of each room once per week.

Environment and equipment

- Staff that we spoke with praised the general quality of the environment in which they worked. Whilst they noted some limited drawbacks, they were positive that they had been or would be addressed in the redevelopment.
- The hospital had two operating theatres, and an endoscopy suite. The main theatre had a laminar air flow system in place to create an ultra-clean environment for joint replacement surgery. There was one fully equipped anaesthetic room which served the two theatres and recovery area with two trollies were situated within the department, both theatres and recovery areas were staffed by qualified and fully trained personnel.
- Staff checked anaesthetic and resuscitation equipment on days when the theatre was operating. Records showed that staff checked all the equipment daily in line with professional guidance.
- The Endoscopy Unit comprises a reception area, treatment/investigation area and trolley bays for recovery post procedures. All scopes were regularly maintained and checked and all sterilising were carried out in house, in accordance with the requirements of Hospital Technical Memorandum (HTM) 2020. Regular testing of the endoscope washer were carried out to ensure effective decontamination was maintained.
- Procedures carried out in the Endoscopy Unit are gastroscopy, duodenoscopy, bronchoscopy, cystoscopy and colonoscopy, all undertaken by Consultant Clinicians and supported by fully trained theatre and recovery staff.
- The endoscopy unit does not have Joint Advisory Group (JAG) accreditation for its services. JAG accreditation is the formal recognition that an endoscopy service has demonstrated its compliance to deliver against the measures in the endoscopy standards. The hospital was working towards this accreditation.
- The hospital had one ward (Alexandra ward) with 21 ensuite bedrooms. Six of the rooms had disabled access and wet-rooms. Each room had a patient call bell system that alerts deck phones so staff knew which room called. The system incorporated a 'crash call' bell for staff to use. Porter would bring resuscitation trolley and senior staff would attend. Bathrooms had

Surgery

emergency call bells reaching almost to floor in shower and toilet area. Theatre and recovery areas had their own resuscitation equipment, and we saw records of daily checks of the equipment.

- A range of sterile, single use items were provided and decontamination of reusable items were carried out at a fully compliant decontamination unit, within close proximity to the hospital.
- We reviewed the records for daily and weekly checks of the resuscitation trolleys in the operating department and on the ward for the last month and these were complete. There was a list with each trolley to show when items were due to expire, to ensure items were kept in date and ready to use in an emergency.
- Staff said that they had the equipment necessary to provide high quality care and treatment to patients. We saw evidence staff carried out regular checks on the equipment we checked, to ensure that they were safe and in good working order.
- All the staff we spoke with confirmed that they were trained in how to use the equipment and that the hospital were training more internal staff on how to use equipment in the future.
- External CCTV is in use at all entrances and exits. Parents are advised that they must ensure their children are supervised at all times.

Medicines

- There was a policy and procedure for the management of medicines which made clear how they were to be stored and their use recorded. We checked and saw that medicines were being managed according to the provisions set out within the policy. However, not all staff that we spoke with were as familiar with the policy as others, with some unclear on their specific responsibilities regarding storage and recording.
- Medicines management audits were seen of safe and secure handling of medicines (20/5/16). This showed the areas audited were between 93% and 100% compliant with the standards. The hospital target was for 90% compliance. The main finding was that flammable liquids were not stored in flammable cupboards.
- The controlled drugs audit (01/2016), showed an average compliance of 98.4% and compliance range from 93% to 100%. The hospital target was for 95% compliance.

Records

- All of the patients' clinical records we saw were clear and concise with relevant details covered. Entries were signed and dated. Full risk assessments of patients were recorded and actions taken to mitigate these risks were also noted.

Safeguarding

- All staff were required to undergo training in safeguarding both adults and children (levels one, two or three). The hospital's target attendance was 85%. Between April 2015 and March 2016, 214 (85%) of staff completed safeguarding adults training and 221 (88%) attended safeguarding children training. Mandatory training compliance, met 85% target for adult safeguarding and child protection.
- There was a policy and procedure specifying what to do if staff had concerns for the welfare of patients. If staff had concerns they would report them to the head of department and the sister in charge, who would then escalate those concerns (if appropriate) to the local council or the police.
- Staff were able to tell us about signs of possible abuse and how they would escalate their concerns.
- The paediatric day cases were looked after by a registered children's nurse at all times. There was a surgical list every alternate Thursday and 1st Tuesday a month. The New Victoria Hospital had an agreement with St George's Hospital, Tooting if patients needed to be transferred for ongoing care. In addition to this there was an emergency transfer process, contracted with South Thames Retrieval Service, for critically ill children if an ITU bed is required.
- All day cases have their own room with TV and access to Wi-Fi. Some toys are provided (particularly in the anaesthetic rooms) but children are encouraged to bring in their own.
- As above regarding Safeguarding Level 3. The New Victoria Hospital provided 24/7 cover from within the nursing team who would escalate any concerns to the named RSCN who would, in turn, escalate to the child protection lead paediatrician and/or the duty social worker for the appropriate local borough.
- It is the policy of The New Victoria Hospital to ensure that there were comprehensive and effective procedures in place to ensure that staff were trained appropriately in safeguarding children, where their role in the Hospital requires this.

Surgery

- The Hospital had a duty under the Children Act 2004 to make arrangements to safeguard and promote the welfare of children and young people. Staff groups had different training needs in order to fulfil duties depending on their degree of contact with children and young people, and their level of responsibility.
- As a minimum requirement all clinical staff will be expected to attend the in-house Level 1 Introduction to Safeguarding Children annually as set down in the Mandatory Training Programme.
- All Paediatric Nurses working with children will be expected to attend Child Protection updates annually at a minimum of Level 2 and the Lead Paediatric Nurse will attend Level 3 and above training annually also set down in the Mandatory Training Programme.
- The need for a robust approach to child protection training for everyone working with children, young people and families is driven by:
 - Working Together to Safeguard Children (DOH 2010)
 - The Protection of Children in England: A Progress Report. (DOH 2009)
 - London Child Protection Procedures (2007)
 - Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (RCPCH 2006)
 - Every Child Matters (DOH 2003)
 - Laming report into the death of Victoria Climbié (2003)

Mandatory training

- Mandatory training included key topics such as health and safety, resuscitation, infection control and safeguarding adults and children. Between April 2015 and March 2016, staff completion rates for the following training, which all had targets of 85% were; health and safety, 201 (81%); resuscitation, 213 (85%) and infection control, 211 (84%).
- Junior staff reported that they had ready access to mandatory training courses and were given the time to attend or complete them.
- Overtime was available for the completion of mandatory training if there wasn't enough time to complete it during regular hours.
- The completion of mandatory training was part of new staff's induction.

Assessing and responding to patient risk

- Prior to arriving and on arrival at the hospital, patients underwent substantial risk assessment, depending on their existing condition. Risk assessments regularly used included VTE, pressure ulcers and manual handling

risks. If patients did not undergo pre-assessment checks, these were undertaken on the day and the consultant anaesthetist made the decision about whether it was safe for a patient to undergo surgery. These risks were reviewed on an ongoing basis whilst patients were under the hospital's care.

- All nurses we spoke with, told us that they had received training in basic and advanced life support for both adults and children. This was part of the mandatory training schedule.
- Emergency resuscitation drugs and equipment were available on the surgical ward and in theatres. There were regular checks on these supplies to ensure that they were in date and in good working order.
- There was a policy in place on the admitting of children. This specified that they could only be admitted as day cases and where they did not have a pre-existing condition. Staff were trained in how to handle paediatric emergency situations.
- Anaesthetists had to show evidence of up to date European Paediatric Advanced Life Support (EPALS) training and carry out paediatric lists in their NHS/whole practice. Surgeons, physicians and radiologists had to have up to date Paediatric Intermediate Life Support (PILS) training and carry out paediatric lists in their NHS/whole practice.
- The hospital had 24 hour medical cover by a Resident Medical Officer (RMO). These were supplied by an agency and staff reported that they were consistently supplied with the same three staff who worked on rotation for seven days at a time. There was a policy to ensure that the RMOs did not work more than seven consecutive days without having at least seven days rest in-between. Senior staff also reported that the anaesthetists were happy to be called if ward staff had any concerns following a procedure.
- Consultants were reported to be readily available following procedures and staff could contact them if they had any questions or concerns about a patient.
- Senior staff reported that there were no significant operational surgical risks on the service's risk register and no significant risks that would merit inclusion were disclosed during the inspection.
- Early Warning Scores were used to monitor the condition of patients and we saw evidence of this in clinical records. We also saw audit results indicating these were being completed routinely.

Surgery

- The service used the World Health Organisation (WHO) Surgical Safety Checklist to ensure that people were kept safe. This involved checks before, during and after surgical procedures in theatres. Records of these taking place were kept in patients' notes.
- In May 2016, the service undertook an audit of their theatre documentation, including their completion of the WHO checklist. Out of ten sets of notes reviewed, one did not have a WHO checklist within it. Of the other nine records that did, seven records had fully completed WHO checklists. Incomplete sections in the two records were, the sterility of instrumentation and equipment and the time out and sign out sections. The hospital was in the process of auditing the use of WHO checklist.
- The hospital does not use the situation, background, assessment, recommendation (SBAR) tool for RMO handover, however there were arrangements for comprehensive daily RMO to RMO handover, the RMO daily handover sheet contained name, age, consultant and concerns.

Nursing staffing

- At the time of the inspection, there were very few nursing vacancies at the hospital. Recruitment plans were in place for staffing of the new build.
- Senior staff reported that the nurses were positive about the hospital as a place to work and they did not have any difficulty retaining staff. They said that a principle reason for this was due to the high nurse to patient ratio and felt that they had enough time to do their jobs well. It was reported that normally the nurse to patient ratio was 1:4, but that at the time of the inspection it was actually 1:2.
- We looked at copies of staff rosters which showed that these staffing levels and the skill mix of staff were maintained over time. There were also records of how the staffing had been altered on request to better meet patient needs. Data we received also showed the very low usage of bank staff over time.
- Senior staff told us that whilst they didn't use a specific acuity tool to assess staffing levels and skill mix, this was based upon their knowledge of the individual patients on the ward on any given day, their acuity, the risks they faced and the skills needed to look after them. They reported this was reviewed daily or shift by shift.
- Data provided to the CQC supported the vacancy rate at the hospital being very low (as well as the turnover rate) amongst almost all staff groups.

Surgical staffing

- All surgical staff were awarded practicing privileges to work in the hospital. The majority of them currently held NHS contracts, though all had been employed by the NHS previously. Practicing privileges and revalidation details were reviewed on a periodic basis by the hospital's medical director. In a recent review of consultant's with practicing privileges and number had had these revoked on the grounds that the paperwork indicating they were up to date with training and fit for work was not complete. These consultants would have to reapply for privileges through the hospital Medical Advisory Committee where their updated evidence would be reviewed.
- Senior staff said that the consultants who worked at the hospital were positive about the quality of service provided and in particular the quality of nursing. They said that of the 200 consultants with practicing privileges at the hospital, approximately 130 of them worked regularly, but approximately 30 carried out the majority of work at the hospital.
- It was stated explicitly in the practicing privilege policy that if a consultant wanted to treat children this must be explicitly stated in their application and they would have to provide evidence that they had received relevant and appropriate training in issues related to the safety and welfare of children (including emergency life support and child protection). The hospital managers confirmed this at interview with the inspectors.
- The hospital confirmed that they had one paediatric surgeon and 11 surgeons who operated on both adults and children, with admitting rights/practicing privileges.

Major incident awareness and training

- There were plans for what to do in an emergency to ensure that patients were safe and services could continue to be provided where possible. However, not all relevant staff were fully conversant with all of its contents or what the specific provisions and protocols within it were.

Are surgery services effective?

Good 

We rated effective as good because:

Surgery

- Care and treatment were based upon recognised best practice and national guidelines.
- Staff had access to further training and were supported in developing.
- All staff within the service worked well with their colleagues in different teams.

However;

- Knowledge and awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards was lacking amongst some staff.

Evidence-based care and treatment

- We reviewed a range of the policies and procedures for clinicians to check that they were based on national guidance. We found that they were, with the Cardio Pulmonary Resuscitation guidance based on the UK Resuscitation Council Algorithm 2015, the infection control policies based on Department of Health and National Resource for Infection Control guidance and the use of antibiotics policy based on Department of Health and NICE guidelines.
- In the consulting rooms, there were copies of the specific hospital procedures which surgeons had access to.
- Nursing staff told us they had ready access to local policies and procedures specifying standards for care and local approaches to treatment.
- There was an 'Evidence-based Practice' group which met regularly to discuss new protocols and procedures and how these could be incorporated into existing systems. This included new guidance brought out by national bodies such as the National Institute for Health and Clinical Excellence and the Royal College of Nursing.
- The hospital received the CHKS accreditation certificate for the period 22 April 2015 to 28 February 2018. This certificate affirmed that all departments within the hospital demonstrated that the Healthcare Accreditation standards for organisational management and service delivery were fully met.

Pain relief

- Pain scores were used to monitor pain levels of patients on the wards and we saw records of their use in patients' notes. We also observed this being used on the wards.
- Patients were provided with written information on pain relief following procedures.

- We looked at the results of the 2015 patient feedback survey. 95% of over 200 respondents said their pain management was "excellent" or "very good".

Nutrition and hydration

- Staff confirmed that nutritional and hydration needs were accounted for when providing care and treatment to patients. We saw records of this in their clinical notes.
- A specific tool was used to assess the nutritional risks people may face whilst in the hospital. This was reviewed and monitored throughout the patients' stay.

Patient outcomes

- The service submitted information to both the national sepsis study and also submitted information to the National Joint Registry on the outcomes of a selection of their orthopaedic procedures. The National Joint Registry data showed that in general revision rates for hip and knee replacements undertaken at the hospital were lower than average for all hospitals submitting data to the survey.
- At the time of the inspection, the service had started submitting data to an independent private healthcare performance monitoring organisation and had started using Patient Reported Outcome Measures to monitor performance. However, these schemes were in their infancy and no substantial feedback had yet been received.

Competent staff

- The service put on seminars for consultants to attend on specific medical topics for learning and development purposes and the service also facilitated consultants keeping in contact with local GPs.
- Staff told us that further training opportunities were made available to them. They said that if you could demonstrate how a particular course would be of benefit to patients, senior staff were usually positive about staff attending.
- When new staff started, they were given a four week induction period. They held probationary status for the first 12 weeks of their employment.
- All staff undertook an annual appraisal where their performance was discussed and they could set development targets for the coming year. Senior staff told us that whilst they did not undertake formal clinical

Surgery

supervision, they worked closely with all staff and were able to talk to them about any issues on a daily basis. Senior staff reported that appraisal completion rate was above 85% for the service.

- At the end of the year during their annual appraisals, consultants received a performance sheet (automatically generated), which showed activity over the year, but also readmissions, complications and complaints.

Multidisciplinary working

- Relationships across the MDT were described as positive and all staff groups praised their relationships with colleagues throughout the hospital. Staff cited both the friendly “family-like” atmosphere amongst staff and that they often knew each other personally as being an asset and helping to establish a collegiate and non-hierarchical environment.
- Throughout the inspection, we observed positive MDT working on the wards and this was clearly recorded in patient notes. There were set times for handovers of patients between staffing groups, including wider members of the MDT.
- The surgical team had access to a large number of physiotherapists, as well as a dietician and a speech and language therapist. These were included in MDT meetings and in planning the longer term care and treatment of patients.
- Each consultant maintained a ‘preference sheet’ for specific procedures setting out what their preferences for physiotherapy support and treatment were for the procedures they provided.

Seven-day services

- The service was for elective procedures only and procedures were primarily scheduled for week days. However, patients did stay across the weekends and appropriate staffing levels were maintained. There were full on-call services available both overnight and at weekends including access to consultants, anaesthetists, RMOs and imaging staff.
- The pharmacy was open 8.30am to 6.30am, Monday to Friday and 8.30am to 12 noon on Saturday.
- There was a pharmacy rota and the pharmacist will come in out-of-hours, if the medicine was not available on the ward or if it was a controlled drug.

Access to information

- The hospital used both electronic and paper notes. All staff had full access to these. The electronic computer system allowed consultants to have access to the full suite of patient information including x-rays, blood results, medical and physiotherapy records.
- Consultants duplicated their own personal notes and these were placed in the hospital’s patient notes.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff described only seeing a low number of patients with mental capacity issues. They said that they usually attended with a family member to help disclose their wishes and needs and they could put in place extra support if this was needed. However, staff that we spoke with were not able to give examples of any signs or risk-markers to indicate that people may have capacity issues despite the likelihood that they would be treating some patients who had dementia or some form of cognitive impairment.
- It was the responsibility of consultants to ensure that, if a Deprivation of Liberty Safeguard was in place at a patient’s home (restricting their movement), this was also put in place in the hospital.
- Patients were asked to sign consent forms at their pre-assessment. People we spoke with said they understood their care and treatment options. Consent forms were checked again on the day of the procedure and as part of the WHO checklist. In the 2014/2015 National Joint Registry audit results, the service scored 96.77% for consent being appropriately completed on their records submitted, compared to a national benchmark of 95% and a national average of 94.21%.

Are surgery services caring?

Good 

We rated caring as good because:

- We observed staff providing people with treatment in a kind and considerate fashion.
- Patients were given appropriate information about their care and treatment and involved in decisions about it.
- The patient feedback about the hospital was very positive and the way staff treated patients was rated very highly.

Surgery

Compassionate care

- We observed staff providing care, treatment and support to patients. They consistently did so in a caring and respectful fashion, treating patients with dignity and respect and being mindful of their privacy.
- Patients and their families told us that staff were “caring” and “approachable”. They praised the quality of the service that they received describing it as “exceptionally good”. They said that staff were “respectful” and treated people with dignity.
- We looked at the results of the 2015 patient feedback survey. 99% of over 200 respondents said they were “extremely likely” or “likely” to recommend the hospital to friends or family and said the overall quality was “excellent” or “very good”.

Understanding and involvement of patients and those close to them

- We observed staff providing care, treatment and support and whilst doing so they involved both patients and those looking after them in the patient’s care planning.
- Patients and their families told us that staff listened to them and that they got explanations of what procedures involved and what post-operative care would be. They said they got options about their care and treatment.
- Written information was also provided to patients by the hospital following procedures with details on how to care for themselves as they recovered. These were reviewed every two years (or sooner if new guidance was released). Consultants could also provide patients with further written information relating to specific procedures where appropriate. Follow-up calls were made to check on the condition of patients after discharge.
- We looked at the results of the 2015 patient feedback survey. 100% of respondents said that their consultant explained the proposed course of treatment to them completely, including the risks and benefits, and that they received sufficient post-operative information. 99% of respondents said nurses always explained what would be done before providing care or treatment.

Emotional support

- Throughout the inspection we observed staff providing care and support in an emotionally sensitive and empathetic fashion. The patients we spoke with praised the supportive nature of the care they were provided with.
- We looked at the results of the 2015 patient feedback survey. 89% of respondents said they found someone on the hospital staff they could talk to about their worries and fears.

Are surgery services responsive?

Good 

We rated responsive as good because:

- The service was easy to access and flow through the hospital was smooth and rarely impeded.
- Provision had been made to meet the needs of people from different cultures and backgrounds.
- There were protocols in place to capture and address complaints.

Service planning and delivery to meet the needs of local people

- The service provided elective procedures for scheduled patients. Both the staffing and the facilities were designed for this purpose and the specific procedures carried out. All staff that we spoke to and the patients considered that the service met their specified needs.

Access and flow

- Senior staff reported that at the time of the inspection, the average length of stay in the hospital was approximately 1.2 days. There were no waiting lists and could usually arrange for procedures to take place within two weeks.
- Senior staff also reported that the cancellation of operations was very rare and theatres were rarely delayed because of non-clinical reasons.
- People using the service told us they got a choice about when they were seen and when they had their procedure. Outpatient appointments could be arranged prior to procedures taking place.

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- It was reported that between April 2015 and March 2016, only seven procedures were cancelled for non-clinical reasons and all of these were rescheduled for within 28 days.

Meeting people's individual needs

- Staff working at the hospital were from a variety of cultural and international backgrounds. There were strict standards in place for the quality of staff's written and spoken English. They were respectful and knowledgeable about the different cultures of people they were treating.
- Training was provided to staff on how to help provide care and support to vulnerable individuals or patients with disabilities.
- The ethnicity of patients was monitored. Staff told us that they did occasionally have patients from overseas or who could not speak English. They said that they usually had a family member who accompanied them, but they had access to interpreters if needed. They also told us that they had access to a wide range of internal staff who could speak different languages, but that they would only be used for 'social' interactions rather than clinical ones. Telephone interpreters were also available.
- Food for people from different cultural backgrounds was available such as halal and kosher. Vegetarian options were also available.
- Staff were able to provide examples where they had been able to make an extra room available to patients with specific needs such as for prayer or mothers breastfeeding children.
- There were written guides about the services provided in the hospital. This was available in hard copy and on the service's website. It included important information on medicines, eating prior to procedures and how to make a complaint.

Learning from complaints and concerns

- Staff told us that the majority of complaints were dealt with at source by the ward manager and head of nursing. Once they had been reviewed, these lessons were shared with the heads of department. Heads of department then decided what would be shared with their individual teams and team and ward meetings, as well as on an individual basis where appropriate.
- The hospital had a comprehensive complaint management process. Complaint handling was

discussed during the inspection feedback session with the hospital management, where it was conceded that the outcome of complaints could be variable and beyond the hospital control.

- We saw a record of complaints received which showed details of the complaint itself as well as the actions taken by the service to review them.
- Senior staff said that they did not receive many complaints and they primarily related to matters other than the quality of the service. However, they said that they had received a limited number of complaints about communication between staff and patients.
- Details on how to make a complaint were included in the written materials made available to patients.
- Complaints received by a consultant were also reviewed as part of their annual appraisal process.
- An internal audit dated 24 April 2016 of seven complaints in the previous 12 months found that all complaints were acknowledged within two days, processed within policy timescale and satisfactory full responses were given.
- We reviewed records of three patients who had made complaints in the past year. We found that the hospital's systems for support, simplicity of making complaints, risk assessment, thoroughness of investigation and the outcome making a difference to the complainant, was variable. Two records showed that the process was handled well, whilst another made no difference to the complainant.

Are surgery services well-led?

Good 

We rated well-led as good because:

- There were clear values for the service which staff were aware of and reflected on the care and treatment they provided.
- Comprehensive governance arrangements were in place to monitor the quality of the service at the hospital and these were used to make improvements.
- Staff morale was very high and all staff felt engaged and able to suggest improvements to the way care and treatment was provided.

However:

Surgery

- The risk register did not reflect the actual risks of the service, with no date, actions or responsible persons.

Vision and strategy for this core service

- All staff were focussed on the building work taking place at the hospital to increase their theatre capacity and the number of day case beds they had.
- As part of the refurbishment programme, the service was also relaunching its vision and values. The majority of staff that we spoke to were aware of both of these. They could describe the values clearly, but also what that meant for them as an individual staff member and how it was reflected in the care and treatment they provided.

Governance, risk management and quality measurement for this core service

- The hospital reported to two boards; both the directors of the hospital and the trustees of the charity. The board of directors considered all incidents that had occurred, complaints, audit results, patient feedback and any ongoing relevant trends across the service.
- Alongside the weekly meeting of the executive team, the senior management team (featuring heads of all departments) met every fortnight and they reported to the heads of departments.
- All hospital audits were collated every quarter and discussed by senior staff. There was an audit calendar for the department. At the time of the inspection, the department was up to date on all audits. The results of some of the most recent audits showed that these were completed in a comprehensive fashion and highlighted specific areas for the service to improve on.
- There were several committees comprised of senior staff who met quarterly to discuss specific issues. This included a quality assurance committee, the Medical Advisory Committee (MAC), a health and safety committee and an 'Evidence Based Practice' committee. These reported to the heads of departments. The Medical Advisory Committee considered all adverse events, clinical incidents and complaints. The health and safety committee considered all non-clinical incidents, infection control and audit results. When the heads of departments met, they would consider all patient feedback and incidents and were responsible for disseminating any important messages to front-line managers and staff.
- The MAC occurred on a quarterly basis. A representative from each medical specialty e.g. consultant

- anaesthetist, consultant orthopaedic surgeon etc. attends. Information and learning was shared at the MAC. Representative were meant to then make personal contact with their relevant colleagues to disseminate information. Minutes of MAC were available to consultants upon request. Applications for practising privileges were discussed and granted by the MAC.
- In 2015, the hospital underwent a full accreditation process with an independent company which looked at all aspects of service provision. The hospital, including the surgical services, passed all standards and won a national award for 'most improved' hospital.
- There was a specific computer system used in the surgical department, which automatically collated information on the performance of consultants. This information included activity, but also details of returns to theatre and complaints. Senior staff used this when reviewing the performance of consultants and it was directly discussed with them.
- The service had recently started submitting performance data to the Private Healthcare Information Network, by which in the future, their performance could be benchmarked against other private services. They also submitted performance data to the National Joint Registry, where the outcomes of some of their orthopaedic procedures could be compared against national averages.
- The risk register did not reflect the actual risks of the service, with no date, actions or responsible persons. For example, the recent risk of infection due to the dust created from the building work, was not on the risk register.
- Non-financial risks were not discussed at the board and there was no oversight or challenge by the board of clinical and other non-financial risks.

Leadership / culture of service related to this core service

- All staff that we spoke to said that morale was positive at the hospital and that there was a very friendly "family atmosphere" amongst staff. They were able to provide examples of how they had been actively supported by senior staff in both their professional and personal lives. They said that senior staff were approachable and would listen to any ideas they had.

Surgery

- Some of the senior staff at the hospital were relatively new to their posts. One of the longer-term senior staff members who undertook several senior roles was planning to retire in 2017, but there was a transition plan in place to manage this.

Public and staff engagement

- Meetings were held twice a year, open to all staff and led by the senior team, where any issues could be raised. A staff survey was conducted once a year.
- There was a staff newsletter which was published quarterly and kept staff informed of developments.
- Staff engagement meeting day occurred three to four times per year. About 30 staff usually attended each meeting, which happened three times per day on the day that it was being held.
- Senior staff were confident that junior staff felt able to raise any issues with senior staff and that they had confidence it would be acted on. The junior staff that we spoke to said that senior staff had an 'open door' policy and that they could raise any concerns with them. Senior staff were described as "open", "honest" and "transparent".
- At the time of the inspection, for several years, the hospital had been recruiting nurses from overseas. Nurses that had been recruited were supported to complete their training whilst still overseas, and were

further supported to become registered in the UK when they arrived whilst they worked at a band four level. There was a buddying system in place at the hospital to help them integrate and assistance was also provided in finding housing.

- All patients were asked to complete a feedback questionnaire, where they were asked questions about the quality of the service they had received.

Innovation, improvement and sustainability

- The new build has the potential to increase the hospital revenue's by an additional 60%. It will have two HDU beds, which is not available at present. The new build will also have one new CT scanner with cardiac software. There will also be three theatres with laminar flow, and Joint Advisory Group (JAG) accredited endoscopy unit.
- Senior staff noted that they did offer some procedures that were not always available on the NHS, such as 'skin-saving' mastectomies.
- One surgeon uses the UroLift System which is ground-breaking prostate surgery. The UroLift System provides a unique approach to treating benign prostatic hyperplasia (BPH) that lifts and holds the enlarged prostate tissue out of the way so it no longer blocks the urethra. UroLift is the only BPH procedure that does not require cutting, heating or removal of the prostate tissue.

Outpatients and diagnostic imaging

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

Information about the service

The outpatient and diagnostic imaging department at The New Victoria Hospital provide outpatient clinics and diagnostic imaging services to predominantly private patients. Outpatients and diagnostic imaging services include all areas where patients undergo diagnostic testing, receive diagnostic test results, are given advice or provided care and treatment without being admitted as an inpatient. The outpatients and diagnostic imaging departments at The New Victoria Hospital provided a service to 32,334 patients from April 2015 to March 2016.

The department provides seven consulting rooms which are rented to consultants for the purpose of carrying out their practice. Approximately 130 consultants, across most medical and surgical specialties, used these facilities to see their patients, of all ages, for consultation and advice and in some cases to provide very minor treatment. The department is fully equipped and staffed by registered nurses and health care assistants, operating from 8am – 8pm each weekday and from 8am - 4:30pm each Saturday.

The New Victoria Hospital outpatient department held clinics for a range of different specialties including orthopaedics, ophthalmology, gastroenterology, ENT, gynaecology, neurology, chest, cardiology, rheumatology, paediatric services and plastic surgery. The diagnostic imaging facilities at the hospital are – CT, MRI, ultrasound, mammography, fluoroscopy and general X-ray with image intensifier for theatre and mobile X-ray for use in the wards.

The New Victoria Hospital offers a children and young people's service to patients aged 3 – 15 years as day cases and 0 – 15 years as outpatients. Children and young people are also seen in the Imaging Department. CT and MRI scans

requiring contrast will be overseen by either the attending radiologist or the RMO; the children's nurse is always present. CT and MRI scans are not performed on children under 5 years old.

Most outpatients appointments are consultation only but some minor interventional procedures are carried out – these are generally on 13 yrs and over unless previously agreed with the children's nurse. However, consultants perform releasing of tongue ties on new born babies.

Information provided by the hospital prior to our inspection was reviewed and used to inform our inspection approach. We received comments from various staff at the focus groups we held at the hospital. During the onsite inspection, we spoke with 12 patients and their relatives, eight staff and departmental managers. We observed care and treatment and looked at care records.

Outpatients and diagnostic imaging

Summary of findings

We rated outpatients and diagnostic imaging as good because:

- Staff had a good understanding of how to report incidents and learning from incidents was shared at a departmental level.
- Clinical areas and waiting rooms were all visibly clean and tidy. Infection prevention and control practices were followed and these were regularly monitored, to prevent the unnecessary spread of infection.
- Appropriate equipment was available for patient procedures and tests. Equipment was well maintained and safety tested annually or in accordance with manufacturer's guidelines.
- Medicines were stored securely. There was evidence of multidisciplinary team working across all departments.
- Care and treatment were based upon National Institute of Health and Care Excellence (NICE) guidance and recognised best practice, there was evidence that clinical audits were being undertaken in all outpatient areas, including recording of patient reported outcomes.
- Nursing staff were supported in their role through appraisals and were encouraged to participate in training and development to enable them to deliver good quality care.
- Staffing levels and the skill mix of staff was appropriate for both the outpatient department and diagnostic imaging.
- Nursing staff undertook appropriate mandatory training for their role and they were supported to keep this up-to-date.
- Patients were very positive about the care that they received and the information provided to them. Patients were treated with dignity and respect while they attended the hospital.

- The consent process for patients was well structured and staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Patients pain needs were met appropriately during a procedure or investigation.

However:

- Children were seen by adult consultants, without an children's present. The management was aware that this was an issue and had begun to address it by having a bank children's nurse cover whenever a child is being seen at the hospital.
- The emergency resuscitation equipment was located far away from the department and access to the equipment could be challenging in an emergency however there were an emergency systems, processes and equipment available to start resuscitation before the arrival of the full resuscitation trolley.
- Some patients we spoke with commented there was insufficient parking due the refurbishment and reconfiguration of the hospital.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as good because:

- Patients were protected from avoidable harm and abuse. Incidents were reported, investigated and lessons were learned and improvements had been made when needed.
- People always received a written apology in accordance with the duty of candour regulations since its inception.
- Safety performance targets were established, monitored and acted on. Potential risks to the service were anticipated and responsive actions planned and carried out.
- Cleanliness and infection control procedures were adhered to by all staff.
- Clinical staff had appropriate safeguarding awareness training and people were safeguarded from abuse.
- There was sufficient staff with appropriate skills to ensure people were safely cared for.

However:

- Children were seen by adult consultants, without an children's present. The management was aware that this was an issue and had begun to address it by having a bank children's nurse cover whenever a child is being seen at the hospital.
- The emergency resuscitation equipment was located far away from the department and access to the equipment could be challenging in an emergency however there were an emergency systems, processes and equipment available to start resuscitation before the arrival of the full resuscitation trolley.
- Consultants used their own notes to record the patient's outpatient consultation and not all of those notes were retained within the hospital medical records.

Incidents

- Staff reported clinical or non-clinical incidents on Datix (electronic incident reporting tool). All staff were trained to use the tool to record incidents.

- There were eight reported clinical incidents within the outpatient and diagnostic imaging service between April 2015 to March 2016. This is lower than average when compared to the other independent acute providers we hold this type of data for.
- Staff told us they felt confident to report incidents when needed. They told us the department had a learning culture and staff were encouraged to report incidents.
- Senior staff were able to talk through and show us reports of incidents that had occurred in the department and explained the changes that had been made as a result. For example, radiology staff were able to describe an ionising radiation incident, which had occurred two years ago and the action taken to minimise the risk of it recurring.
- Staff we spoke with understood their responsibilities to raise concerns and to record safety incidents, concerns and near misses. Staff told us there was an open reporting culture in the department.
- The hospital has a contract with Radiation Consultancy Services Ltd and had their own nominated Radiation Protection Advisor (RPA) (RPA is a specialist in radiation safety and compliance matters which relevant organisations must have by law). The service had not reported any Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) events in the last 12 months.
- Nursing staff were aware of the duty of candour; they were able to describe the reporting procedure for all incidents. The duty of candour regulation requires providers of health services to be open and transparent when things go wrong. This includes some specific requirements, such as providing truthful information and an apology. At the service, if a patient was involved in an incident, they were informed of what had happened and given an apology. Staff informed the head of department and completed an incident reporting form. The outpatient department senior sister was able to provide a specific example of this in relation to an incident at the department. The patient was informed immediately and it was escalated to the senior management team. The senior sister told us support was provided to the patient and staff member throughout the process.

Outpatients and diagnostic imaging

Cleanliness, infection control and hygiene

- Patient waiting area was clean with sufficient seating for expected number of patients and their relatives. The diagnostic and imaging department and the treatment rooms were noted to be visibly clean and tidy.
- Cleaning audit data submitted prior to our inspection visit showed 100% compliance. This comprised cleaning programs in all areas of the outpatients and diagnostic imaging department (OPD) and diagnostic imaging department.
- Staff working in the outpatients and diagnostic imaging department understood their responsibilities in relation to cleaning and infection prevention and control.
- There were enough hand washing facilities including hand wash basins and hand gel sanitizers within all areas of outpatients and imaging. We observed staff practising appropriate hand hygiene routines between patients.
- Clinical staff were observed being bare below the elbow and using personal protective equipment including gloves and aprons in all areas visited.
- There was access to infection prevention and control policies and procedures via the trust intranet to guide staff. We sampled a number of the documents on the intranet and these were in date and current.
- Examination couches were cleaned and checked daily before clinic. We saw records of those checks available in each consulting room.

Environment and equipment

- The outpatient's area was small but well maintained. Patient waiting area was clean with sufficient seating for expected number of patients and their relatives. The diagnostic and imaging department and the treatment rooms were noted to be visibly clean and tidy.
- The resuscitation equipment at the department was available and in line with national resuscitation council's recommendation. We noted that the equipment was checked daily and records of these were accurate and kept on the equipment.
- The emergency resuscitation equipment was located far away from the department and access to the equipment could be challenging in an emergency however there were an emergency systems, processes and equipment available to start resuscitation before the arrival of the full resuscitation trolley.

- The imaging department manager told us and we saw that all equipment such as computerised tomography equipment were compliant with national guidelines and IR(ME)R 2000 regulations; and there were local rules in place to ensure safety standards were maintained.
- The radiation protection supervisor informed us that radiation audits and risk assessments were undertaken to ensure appropriate doses were not exceeded. The audits reports seen demonstrated staff were compliant with the pre-treatment regime for radiological examination and treatment.
- We saw documentation check lists which showed that daily checks such as calibration and physical cleanliness on all imaging equipment's had been completed.
- IR(ME)R audits were undertaken in line with ionising regulation and copies of these audits, outcomes, actions and results were seen during our inspection.

Medicines

- Medicines, including those requiring cool storage, were stored appropriately. Records showed that they were kept at the correct temperature so that they would be fit for use. Safe temperatures for fridges were recorded and a log of medicine contents in the fridge was maintained.
- All medicines seen were in date and stored securely in a locked cupboard. A record was maintained of all medicine administered to patients during minor procedures in the treatment room; this included the name of the patient, the medicine used and dosage. All entries were noted to be fully completed and signed.
- Emergency medicines were available, accessible for immediate use, in date and tamper-proof.
- Storage of medicines throughout the outpatients and imaging department were appropriately, with keys to the drug cupboards held by the nurse in charge. There were separate cupboards for flammable medicines, internal and external medicines and regular medicines.
- Medicines and contrast media required during treatment or diagnostic imaging procedures were administered appropriately using approved patient group directives (PGDs). The use of PGDs enabled registered healthcare professionals other than doctors to supply and / or administer medicines to patients without a doctor's prescription. A PGD is a written instruction for the supply and / or administration of a named licensed medicine for a defined clinical

Outpatients and diagnostic imaging

condition by specific healthcare professionals to improve patient care. There was a policy to support the use of PGDs and we saw evidence of these signed by authorised personnel, in date and appropriately audited.

Records

- Patient records we reviewed were adequately completed. We were told by the nursing and outpatients administrative staff that some consultants used their own notes to record the patient's outpatient consultation and not all of those notes were retained within the hospital medical records. Patient records that weren't retained within the hospital records were available on request from the consultant or their secretary in line with hospital policy.
- When consultants arrived in the department with patient care records, we observed these being kept securely by the consultants themselves. The consultants we spoke with knew their responsibilities regarding secure storage of patients care records if they were kept outside of the hospital premises. They told us patient care records kept outside of the hospital premises were stored securely in a locked cabinet by the medical secretaries either in this hospital or other hospitals where their secretaries were based.
- The patients we spoke with confirmed their records were always available at the time of their appointment. Patients also said they did not have any concerns about the safekeeping of their records as they had never seen any unattended records in the department.
- Any new patients attending the outpatient appointment for radiological examination or treatment had a risk assessment completed which covered areas such as pregnancy assessment, mental capacity assessments etc. prior to undergoing radiological examination or other invasive procedures.
- Information governance training was mandatory for all staff to ensure compliance with the Data Protection Act. The mandatory training records we saw showed that all staff had completed data protection training.

Safeguarding

- Children were seen by adult consultants, without a children's nurse present. This was not good practice.

However, diagnostic imaging would not be done without a children's nurse present. The management was aware that this was an issue and had begun to address it.

- The majority of staff working in the outpatient clinics and diagnostic imaging department had completed level one mandatory adult safeguarding training. They demonstrated an awareness and knowledge of safeguarding and were able to show us the hospital's up to date adult safeguarding policy on the intranet.
- All staff were aware of what action to take if they felt a patient required safeguarding. This meant we were assured that training was adequate and staff would be able to protect vulnerable patients.
- The outpatient matron provided to us an example of when staff had followed the hospital's safeguarding policy and made an appropriate referral to the hospital and community safeguarding lead.
- The director of clinical services was the safeguarding lead for the hospital. All staff we spoke to could identify the nurse safeguarding lead.
- There was a chaperone policy and we saw posters throughout the outpatient clinic and diagnostic imaging department advising patient how to access a chaperone should they wish to do so.
- All staff spoken with were aware of the hospital's whistleblowing policy. They told us that they would feel happy using this policy to raise concerns if necessary.

Mandatory training

- There was a mandatory training policy that detailed which training staff were required to attend. The training included safeguarding, moving and handling, basic life support, infection prevention and control, fire safety and information governance, risk assessment and health and safety training. The training records showed attendance at training was monitored and non-attendance was flagged. Managers were required to take action to ensure that the staff member under them attended all mandatory training when due.
- The manager told us that all staff had completed the required mandatory training which was linked to the appraisal system. The training record maintained by the department provided during our inspection, showed 100% rate for the completion of mandatory training by all staff.

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- We were told consultants with practising privileges completed mandatory training at the hospital they spent most of their time at. For example, those working mainly at an NHS trust would complete this training at their respective trust and were required to submit copies of their training record to the hospital management team.

Assessing and responding to patient risk

- There were emergency assistance call bells in all patient areas including consultation rooms, treatment rooms and the X-ray suite. Staff we spoke with told us when the call bells were used, they were answered immediately.
- There were clear procedures in place for the care of patients who became unwell. Staff we spoke with told us about emergency procedures and the escalation process for un-well patients. However they stated these had not been used often as the department did not often have acutely unwell patients.
- Administrative staff told us that if a patient collapsed in the waiting area, they would press the emergency button to alert other staff. This meant that in the event of a medical emergency, appropriate action would be taken to assess and respond to the patients' needs without putting them at risk of deterioration.
- Radiography staff informed us they were aware of contrast-induced reactions and they could easily locate the anaphylaxis kit to use should these reactions occur. Staff told us that if anaphylaxis was suspected, they would contact the RMO, who would treat the patient appropriately.
- Radiographers conducted a check on the pregnancy status of all women of childbearing age prior to imaging in line with national guidance. There were evidence of audits of pregnancy status checks by the radiation protection advisor (RPA) to ensure that women who were pregnant were kept safe.
- We were told by the radiographer that the radiation protection monitoring at the hospital was in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) requirements.

Nursing, physiotherapy and diagnostic imaging staffing

- The outpatients and diagnostic imaging department had a team of registered nurses, healthcare assistants, radiographers, medical laboratory assistants, physiotherapists, radiologists, receptionists and administration staff.
- The nurse in charge of the outpatient clinic was responsible for ensuring staffing levels always met patient needs. Staffing levels were based on the number of patients expected to attend the department on a daily basis, taking into account the type and complexity of clinics to be held, to ensure there were enough staff to meet patient needs. There were adequate nursing staff levels to safely meet the needs of patients.
- The departments reported no use of agency staff from April 2015 – March 2016. They did however sometimes use bank staff to cover shifts. The bank staff were regular members of staff already employed in the department, so they were familiar with systems and processes.
- There were currently no nursing vacancies within the outpatients department. Cover for staff leave or sickness was only provided by staff that were part of the existing nursing team or bank staff. No agency staff were used.
- There were no children nurse employed at the outpatient department even though children were seen in clinic.

Medical staffing

- There were approximately 221 consultants with practising privileges, however not all of them regularly saw patients in outpatient clinics. We were not given information regarding the exact number of consultants who regularly saw patients in the outpatient's clinic.
- All clinics were consultant-led. Consultants agreed clinic dates and times directly with the bookings and reservation team.
- There was a process in place for granting practising privileges, via the medical advisory committee (MAC). This process included interviewing, obtaining references and disclosure and barring service (DBS) checks on all applicants.
- Staff told us that most of their consultants attended promptly for their clinics and could be easily contacted if they were running late or needed advice.

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Major incident awareness and training

- The hospital had a business continuity plan which had been approved by the senior management team. The plan established a strategic and operational framework to ensure the hospital was resilient to a disruption, interruption or loss of services.
- The hospital major incident plan covered major incidents such as fire safety, loss of electricity, loss of frontline system for patient information, loss of information technology systems and internet access, loss of staffing, and loss of water supply.
- Staff we spoke with were aware of the hospital's major incident plan and understood what actions to take in the event of an incident such as a fire. Most staff we spoke with had attended major incident awareness training.
- There was a member of the senior management team on duty each day responsible operationally for any major incident affecting the hospital. Nursing staff informed us there was an emergency back-up generator in place and this was tested regularly.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective, however we found;

- Care and treatment was provided in line with appropriate professional guidance.
- Patient care and treatment reflected relevant research and guidance, including from the Royal Colleges and National Institute for Health and Care Excellence (NICE) guidance.
- Regular and meaningful clinical audits were carried out.
- Care was delivered by a range of skilled staff who participated in annual appraisals and had access to further training as required.
- There was shared responsibility for care and treatment delivery and multidisciplinary team approach was evident across services provided within the outpatients and diagnostic imaging department.

- The hospital provided evening appointments and diagnostic imaging was available seven days a week.

Evidence-based care and treatment

- The service had local policies and guidelines and nursing staff were kept up-to-date with changes in national policies. The policies we read were written according to national evidence based guidance from organisations such as the Department of Health (DH) and the National Institute for Health and Care Excellence (NICE). Although audits were carried out against the guidelines, results were not always analysed to guide and improve practice.
- The diagnostic imaging department used diagnostic reference levels and audited these to ensure exposure was within DH guidelines.
- The hospital's clinical audit schedule outlined when, how often and who would conduct audits in the various areas. These audits included quarterly medication and resuscitation equipment audits, along with annual laser safety audits to ensure national guidelines had been followed.
- Staff in all outpatient areas reported they followed national or local guidelines and standards to ensure patients received effective and safe care.
- Staff we spoke with explained the evidence-based systems, such as the standard operating procedures in place, to ensure procedures were undertaken in line with best practice.
- The hospital had a radiation protection supervisor who led on the development, implementation, monitoring and review of the policy and procedures to comply with Ionising Radiation (Medical Exposure) Regulations.

Pain relief

- Pain relief was available in the department. Staff informed us if a patient required pain relief; they would be assessed by the resident medical officer (RMO), who would then write a prescription for them. This would be dispensed by the hospital pharmacy. Staff informed us this rarely happened, as most patients attending the departments were not in pain.

Patient outcomes

- National guidelines for radiological reporting and the clinic's own quality standards for radiology practice

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were followed in relation to radiology activity and reporting. This included all images being quality checked by radiographers before the patient left the department.

- Information about the outcomes of people's care and treatment was routinely collected and monitored; the results were used to guide and improve practice.
- Audits were routine and meaningful across outpatient departments. We saw examples of on-going audits in the department. The hospital provided an audit programme for 2015/16, which also included the hospital wide audit program.
- Outpatient and diagnostic Imaging department conducted satisfaction surveys every six months via Survey Monkey and the results were compared with other private hospitals to improve care and services. The average score in the last year was 98% of their patients were satisfied with the care received at the hospital.

Competent staff

- Nursing and imaging staff we spoke with confirmed they were encouraged to undertake continuous professional development and were given opportunities to develop their skills and knowledge through training relevant to their role. This included completing competency frameworks for areas such as the administration of medicines, cannulation and venepuncture. They were also supported to undertake specialist courses.
- Managers told us they had procedures in place for the induction of all staff, including temporary staff who completed local induction and training before commencing their role. We saw evidence that attendance at these induction sessions had been completed by all new staff.
- Outpatient staff were clear about their roles and the work they completed. The skill-mix for individual clinics was reviewed and adjusted to meet the needs of patients attending the individual clinics.
- Supervision of nurses within outpatients was undertaken by the outpatient manager. The supervision of healthcare assistants was carried out by the senior

nurse. All staff that we spoke to said that they received regular supervision. A range of education and learning sessions were available to assist all staff develop and maintain their skills.

- Most nursing and administrative staff in outpatients and diagnostic imaging told us they had appraisals with their line managers. In these annual appraisals, personalised performance goals in line with the hospital values were set for the year. Within the outpatient department, managers had also initiated one-to-one discussions with junior staff about their development.
- All the nursing staff we spoke with were positive about the training and development opportunities given to them and the quality of this training.

Multidisciplinary working

- There was good communication between medical and nursing staff. We observed doctors discussing patients and clinics with the nursing team. Communication was open and we observed effective multidisciplinary teamwork between them.
- We observed good multidisciplinary working with effective verbal and written communication between nursing and allied health professionals. Staff confirmed that there were good working relationships between physiotherapists, nurses, radiology staff and consultants.
- Staff across the hospital worked together in a multidisciplinary approach. There was consistent evidence of collaboration across different services within outpatients and diagnostic imaging.

Seven-day services

- The outpatients department was open from 8am to 8pm Monday to Friday, and from 8am to 4pm on a Saturday.
- The diagnostic imaging department provided services Monday to Friday 8am to 8pm. And on Saturday from 8am - 4pm. There was also an on-call radiologist available at weekends. The radiology department provided 24 hours on-call services. Radiographers were available during evening and weekends. Staff told us they were all flexible and would help cover the department where needed.

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- The physiotherapy department provided services from Monday to Friday 8am to 8pm. And also from 9am - 1pm on Saturdays. Staff told us they were all flexible and would help cover the department where needed.

Access to information

- Overall, staff were positive about the hospital's intranet and reported managers communicated effectively with them via e-mail.
- All the consulting rooms had computer terminals enabling consultants to access patient information such as X-rays, blood results, medical records and physiotherapy records via the electronic system.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Nursing staff told us they were aware of the hospital's consent policy. Consent was sought from patients prior to the delivery of care and treatment. In the diagnostic imaging department, radiographers obtained written consent from all patients before commencing any procedure. In the outpatient department, staff confirmed they had access to a policy for consent, examination or treatment.
- We were told that consent was formally obtained and signed for when a patient was to have an invasive procedure or treatment at the department. However we did not observe this during the onsite inspection.
- Staff we spoke with were aware of the Mental Capacity Act 2005 and its implications for their practice. We were told that level one adult safeguarding training included elements of the Mental Capacity Act 2005 (MCA). Information provided demonstrated that 94% of outpatient staff had completed MCA training.

Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as good because:

- People were treated with kindness, dignity, respect and compassion whilst they received care and treatment.

- Consulting and clinical treatment room doors were kept closed when in use and staff knocked before entering clinic rooms to maintain patients' privacy.
- The patients we spoke with told us staff were very caring and respectful and patients felt they were supported emotionally.
- Patients understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.

Compassionate care

- We observed staff communicating and supporting patients in a kind and compassionate manner and observed most staff interactions with patients as being friendly and welcoming.
- We saw that staff always knocked and waited for permission before entering clinic rooms. We also saw that clinic rooms had signage instructing people to knock and wait for an answer before entering to maintain people's dignity.
- Chaperones were available at all times. All staff had received chaperone training and said the quality of the training was excellent and they were confident to chaperone in clinics. In the gynaecology clinic, the policy was that all patients received a chaperone.
- Patients consistently gave very positive accounts of their experiences with staff and the processes followed.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with reported feeling involved and said they understood what their treatment or investigation involved. All patients we spoke with commented on the medical and nursing staff as, "very good and supportive" and we noted how patients were put at ease by the nursing staff.
- Patients told us they were given time to make decisions and staff made sure they understood the treatment options available to them. All patients we spoke with told us they had been involved in discussions about their care and treatment.
- We saw nursing staff spent time with patients, explaining care pathways and treatment plans.

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Emotional support

- Nursing staff told us how they supported patients who had been given bad news about their condition and offered them sufficient time and space to come to terms with the information.
- One nurse explained how they ensured they were with the patient when the consultant spoke with the patient. They would also make sure they stayed with the person afterwards to support any delayed reaction.
- Patients and relatives we spoke with told us they had been supported when they were being given bad news about their condition and the nurses provided them with help and support.
- Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the clinic.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as good because:

- Services were planned and delivered to meet the individual needs of most patients, including arranging and re-arranging appointments that met their individual needs.
- Systems and processes were in place to ensure the service was able to meet the needs of individuals such as those with physical disability or those whose first language was not English.
- Patients were seen in a timely manner for all appointments by their chosen consultant and clinics were rarely cancelled at short notice.
- People's concerns and complaints were listened and responded to and feedback was used to improve the quality of care.

Service planning and delivery to meet the needs of local people

- Services were planned and delivered to meet patients' needs, providing flexibility, access, choice and continuity of care that met the needs of both private and NHS patients.
- The outpatient and imaging departments were signposted and all areas were within a short walking distance. We saw staff stopping to ask patients and visitors if they required assistance or directions.
- Most of the facilities and premises were appropriate for the services offered. Patients reported that the waiting areas were comfortable and inviting. There were a variety of refreshments, magazines and newspapers in the waiting area.
- Outpatient clinics were supported by diagnostic services including Magnetic Resonance Imaging (MRI) scans, X-ray, Computerised Tomography (CT) scans and ultrasound scans.
- Some patients told us car parking was problematic, meaning that they sometimes had to park outside of the hospital and walk, which can sometimes inconvenience patients with limited mobility.
- The main reception desk was easily accessible and the design enabled patients to have private conversations.

Access and flow

- Consultants provided consultations for direct referral patients and post-operative follow up appointments and we were told patients could be seen within hours or days for most outpatient appointments and radiological diagnostics. Patients confirmed this and told us they had timely access to endoscopy, cardiac investigations and minor treatment within days of their appointment at the hospital.
- We were told waiting times, delays and cancellations were rare and if there were any delays, these were minimal and managed appropriately.
- All patients we spoke with felt the availability of appointments was good and appointments were provided at times that fitted in with their needs. The majority of patients left with their next appointment date or if appropriate, an admission date for surgery. Patients were very complimentary about the efficiency of the service as a whole.

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- Clinics mostly ran on time and we observed this during our inspection. Patients we spoke with said they did not experience long waits for their appointments; all patients reported being taken straight through to their appointment on arrival at the department.
- Nursing staff told us patients were kept informed when there were delays in clinics and offered teas and coffee whilst waiting.
- Staff said they monitored waiting times in the outpatient department. If patients were regularly delayed due to appointments running over, they discussed this with the doctors and extended appointment times to prevent it from happening again. Although these arrangements made clinic appointments longer, it did however help to ensure patients did not experience delays.

Meeting people's individual needs

- There was a range of patient information leaflets in all consulting suites and imaging department which covered different disease-specific information for patients.
- We observed the outpatient areas to be accessible to all, although space was limited in some areas. There was a disabled access facility to enable patients with limited mobility or wheelchair users to access the department.
- Specialist clinics were available for a range of conditions, such as cardiology, chest, ENT, gastroenterology, gynaecology, neurology, ophthalmology and orthopaedic. The hospital had criteria for patient admission; only appropriate people with the appropriate condition matched to hospital capability were referred and treated here.
- Building work was taking place to upgrade the outpatient facilities and improve capacity of the service. During our visit, we observed difficulties in parking from the building work, which impacted on patients and their appointment times.
- The outpatients, radiology, physiotherapy departments told us they would allocate more time for patients with specific needs, such as patients with a learning difficulty, or those who had mobility problems.

- Patients with a learning difficulty and those living with dementia were appropriately identified and given longer appointment times, informing carers or representatives of the plan of care for those patients where appropriate.

Learning from complaints and concerns

- The hospital had a complaints policy covering the raising and responding to complaints. Staff described how they would resolve patients' concerns informally in the first instance, but would escalate to senior staff if necessary.
- The outpatient's team aimed to resolve complaints on the same day and ensured that a senior person in charge was able to speak to the patient before the patient left the department.
- Complaints and comments were reviewed and discussed by teams at monthly staff meetings. We saw minutes of meetings which demonstrated that complaint themes and learning was shared with staff. Complaints made included parking and medicines to take home issues. There was evidence that action had been taken to improve the timely dispensing of medicines to take home.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as good because:

- Nursing staff felt supported and were able to develop to improve their practice.
- There was an open and supportive culture.
- The governance framework and risk management ensured staff responsibilities were clear and that quality, performance and risks were well understood and managed.
- Risks were shared in the department and staff knew of action plans in place to rectify them.
- The leadership, governance and culture promoted the delivery of high quality person-centred care.

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- Nursing staff were focused on providing the best service they could for all patients.

Vision and strategy for this core service

- All staff were aware of the provider's vision and values that included care being delivered with compassion, dignity, respect, and equality. Staff stated quality was a key priority for the hospital.
- A member of staff told us the hospital was expanding and improving and spoke passionately about the service they provided and were proud of the facilities. We were given detailed plan for this expansion program.
- There was a long term vision and strategy in place for the department. These took into account the hospital's goals and allowed assessment of long term risks related to finances and the quality of the service for service each area, such as clinical outcomes and patients' experience.

Governance, risk management and quality measurement for this core service

- There were regular team meetings to discuss issues, concerns and complaints. Staff were given feedback at these meetings about incidents and lessons learnt.
- We saw minutes of the Medical Advisory Committee (MAC) meeting which covered areas of good practice and risk and included those facing the outpatients department. Minutes from the MAC meeting were circulated to all the consultants for information.
- The outpatient and diagnostic imaging departments held their own departmental risk register which identified specific risks in that area which may affect staff, patients and visitors. The risk register also reflected what action was to be taken to mitigate these risks.
- The departments had an annual audit schedule. In the period from April 2015 – March 2016, the schedule showed the audits had all been completed. We were informed that audit schedules and results of all audits were discussed at the monthly governance meeting.

Leadership / culture of service

- There were clear lines of accountability and responsibility within the outpatients and diagnostic imaging department. All the staff we spoke with stated

that they were well supported by their managers, that their managers were visible and provided clear leadership. Senior hospital management team were accessible and visited their departments frequently.

- All staff we spoke with felt valued and said their managers were supportive and approachable. They felt that they were encouraged to be open about concerns.
- Staff told us the outpatients and diagnostic imaging department had an open culture. They were encouraged to report concerns, record incidents and take part in team meetings. They told us managers were open to comments and suggestions for improvements from staff.
- Staff said that there were good working relationships between clinical and non-clinical staff.
- Quarterly forums were held with the hospital director and staff said they were all welcome to attend and participate.

Public and staff engagement

- The hospital carried out a patient satisfaction survey that patients were encouraged to complete in order to improve services. Results were compiled into a quarterly report and circulated to staff.
- The outpatient and diagnostic imaging department sought staff engagement through monthly meetings where staff comments and suggestions were discussed and hospital wide updates given to staff. Governance meeting minutes seen during our inspection supported what we were told by the hospital senior management about staff engagement.
- Staff informed us that they felt able to share their ideas and opinions to develop and improve the outpatient services. Regular team meetings were held as a forum to facilitate this.
- The hospital recognised long service by holding a long service award ceremony where lapel pins were given to staff with a long service history at the hospital. Nursing staff wore their pins with pride and were keen to tell the inspection team of their significance.
- The annual dragon boat race is a well attended event raising funds for The Victoria Foundation, the charity

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which owns the hospital. Staff are encouraged to participate which pulls teams together and improves morale. This event brought together staff and management in an informal gathering.

Innovation, improvement and sustainability

- Staff told us of the refurbishment plan for the outpatient and imaging areas. This will increase the number of consulting rooms and waiting space for patients.

Outstanding practice and areas for improvement

Outstanding practice

- One surgeon uses the UroLift System which is ground-breaking prostate surgery. The UroLift System provides a unique approach to treating benign prostatic hyperplasia (BPH) that lifts and holds the enlarged prostate tissue out of the way so it no longer blocks the urethra. UroLift is the only BPH procedure that does not require cutting, heating or removal of the prostate tissue.

Areas for improvement

Action the provider SHOULD take to improve

- Ensure children are not seen by adult consultants, unless a children's present.
- Ensure staff are trained in child safeguarding, and there are robust arrangements to safeguard the needs of children when in clinic.
- Ensure emergency resuscitation equipment is kept in the outpatient department to enable timely access to it.
- Ensure the risk register reflects the actual current risks of the service and includes date, actions and responsible person for each action.
- Ensure non-financial risks are discussed by the board and there is oversight and challenge of clinical and other non-financial risks.
- Widely share outcomes of incident reviews with junior staff.
- Ensure staff knowledge of and adherence to low level infection control measures is improved.
- Keep records of when equipment is cleaned.
- Ensure patient records are always available prior to outpatient appointment as they were kept by the consultants.
- Ensure staff knowledge and awareness of the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards is improved.