

HIW Independent Healthcare Inspection Report (Unannounced)

Spire Cardiff Hospital

Inspection date: 18 and 19 July 2022

Publication date: 18 October 2022



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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Spire Cardiff Hospital on 18 and 19 July 2022. The hospital was provided with a 24 hour notice period to allow for safe COVID-19 arrangements to be put in place for the duration of the inspection.

The hospital can accommodate up to 66 patients aged three and over at any one time under the terms of its registration with HIW. A range of services are provided which include outpatient consultations, diagnostic services together with a full range of surgical inpatient services. However, this inspection mainly focussed on the ward accommodating patients attending for treatment.

Our team, for the inspection comprised of three HIW Inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good. Patients appeared to be comfortable and cared for in a professional and dignified manner. There were good processes in place to enable patients to provide their views on the care they had received at the hospital and we saw improvements had been made as a result of patient feedback.

This is what the service did well:

- Patient food was of a high standard and accommodated any dietary requirements.

Safe and Effective Care

Overall summary:

We found evidence that the service provided safe and effective care. Suitable procedures were in place for the safe management of medicines. The hospital was clean and tidy. Appropriate protocols were in place to manage risk, health and safety and infection control. Emergency resuscitation equipment was available throughout the hospital in multiple locations.

This is what we recommend the service can improve

- Some areas of the hospital were in need of minor repair.

This is what the service did well:

- Patient records and notes were clear, easy to navigate and being maintained to a high standard.

Quality of Management and Leadership

Overall summary:

Robust governance arrangements were in place for the auditing of systems, practice and processes to help the hospital monitor the quality of service it provides to patients. Safer staffing tools are used to help ensure there are sufficient numbers of appropriately trained staff to provide safe and effective care. Staff compliance with mandatory training was high.

This is what we recommend the service can improve

- Efforts must be continued to clear the backlog of radiology appointments at the hospital
- The hospital should reflect on the feedback provided in this report to aid any further learning or actions.

This is what the service did well:

- We attended a daily safety brief during the inspection and found that it was an effective way of communicating key issues and known risks to senior staff at the hospital.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients. A total of 12 were completed. All patients who completed a questionnaire rated the care and service provided by the hospital as either very good or good. Some of the questionnaire results appear throughout the report. Patient comments were positive and included the following:

“The care has been excellent from start to finish.”

“It was outstanding - my needs were pre-empted at all times”

“The care I have received ... has been excellent. I couldn't have wished for better care”

Health promotion, protection and improvement

Leaflets for patients on how to avoid blood clots following surgery were available on the ward. We were told that patients are provided with detailed information following their discharge from hospital. All patients who completed questionnaires confirmed that they had been given aftercare instructions on how to prevent infection and aid healing and guidance on how to check themselves for signs and symptoms of infection, and what to do and who to contact in the event of an infection or emergency.

"Catch it, bin it, kill it" posters were displayed in lifts and stair areas to remind patients of best practice infection prevention and control (IPC) procedures.

Dignity and respect

We saw friendly and respectful interactions taking place between staff and patients. Staff also made every effort to protect the privacy and dignity of patients during our times on the ward. The patients we met appeared well cared for. We noted that consultations with patients took place in private, behind a closed door, so that they could not be overheard. Patients on the main ward told us that they had been given the choice on whether they wanted their bedroom door open or closed.

All patients who completed questionnaires agreed with our observations that staff treated them with dignity and respect and that measures were taken to protect their privacy. All patients also agreed that staff are kind and sensitive when they carry out care and that staff help them with toilet needs in a sensitive way.

Patient bedrooms were clean and tidy and had ensuite facilities. It was positive to see more patient bedrooms had been refurbished since our previous onsite inspection in 2019. Ensuring the refurbishment of the remaining older style bedrooms will provide a more consistent experience for all patients attending the hospital for treatment.

Patient information and consent

A stand displaying what information leaflets were available to patients was located in the waiting area by the entrance to the hospital. Patients were able to request the leaflets from reception staff to read and take away. We saw that the leaflets were treatment specific and provided patients with an overview of procedures provided by the hospital.

All patients who completed questionnaires told us that they were provided with enough information to understand which treatment options were available to them and the risks and benefits of each. All patients also agreed that before receiving treatment the cost was made clear to them and that they signed a consent form.

Communicating effectively

We observed staff taking into account the individual needs of the patient during discussions about their care and treatment. The patients we spoke with during the inspection told us that they had been given the opportunity to ask questions and that staff take the time to listen and explain their care to them. All patients who completed questionnaires also agreed that staff explained what they were doing throughout the treatment.

We saw that all bedrooms had a 'buzzer' for patients to press for help. All patients who completed questionnaires agreed that staff came to them when they had used their buzzer. One patient provided the following comment which the service may wish to reflect upon:

“Would be nice for nurse to introduce themself on admission to the ward - waited over an hour and had to press buzzer.”

Care planning and provision

During the inspection we reviewed the patient records and notes of five patients either currently at the hospital, or recently discharged. We found that they were

easy to navigate, detailed and demonstrated a high level of care provided to patients. This is because:

- Nursing documentation such as National Early Warning Score charts, prescriptions and fluid balance charts were accurate, calculated correctly and fully completed
- Appropriate assessments were being undertaken on patients on admission to help identify those at risk of falls and pressure and tissue damage
- Patient pain scores were being kept up-to-date and monitored and suitably managed
- Care plans were based on individualised patient need
- There was clear evidence of transfer of care and discharge planning.

Equality, diversity and human rights

The hospital had policies in place to help ensure that patients' equality and diversity were respected. The hospital provided an accessible environment for people who may have mobility difficulties. A hearing loop was available at the reception desk.

Staff told us that patients are asked if they can speak Welsh and we saw one member of staff wearing a Welsh language badge. Written information was available in different languages upon request and translation services were available for patients who wished to communicate in languages other than Welsh or English.

All but one of the patients who completed questionnaires felt they could access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

Citizen engagement and feedback

We saw evidence to show that there were robust systems in place to audit and review the service provided at the hospital.

Patients are encouraged to complete patient experience surveys by scanning QR codes that are displayed on posters throughout the hospital. Surveys are also sent to patients to complete after they have been discharged. We saw that recent patient experience results were on display in the waiting area to inform patients. 'You said, we did' posters were displayed to communicate changes made as a result of patient feedback. Before discharge, each patient also has a discussion

with the patient experience lead at the hospital to discuss their treatment and experiences during their stay.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found that the service had appropriate processes and procedures in place to protect the health and safety of patients, staff and those visiting the hospital. Senior managers at the hospital attended daily safety briefs to discuss whole site risks and emerging issues.

Quarterly general health and safety monitoring checklists were being undertaken of all departments at the hospital. The checklists were comprehensive and helped assess whether arrangements were in place for fire precautions, electrical and equipment safety and the safe storage of hazardous materials.

Designated fire wardens had been identified at the hospital and all staff had completed mandatory training in fire safety. We noted that cleaning products were stored safely and securely throughout the inspection.

The patient areas we accessed were free from obvious hazards and the furniture and fittings were generally well maintained. However, we saw that a drawer and cupboard in the sluice room was damaged and that two drawer fronts were missing in the treatment room. Two staff members suggested the following improvement within the questionnaires:

“Renovation of the outdated ward one facilities, renovation to the outpatient departments”

“Refurbishment of ward one.”

We were told that plans were already in place to undertake some refurbishment work at the hospital in the coming months, which we welcomed.

We saw that emergency resuscitation equipment was available throughout the hospital in multiple locations. All items were stored appropriately and easily accessible for use in an emergency situation. Daily checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use. All staff we spoke to during the inspection were aware of the locations of the emergency resuscitation equipment and what their role and responsibility would be during an emergency.

Infection prevention and control (IPC) and decontamination

We found suitable IPC arrangements in place at the hospital to help keep staff and patients safe. An up-to-date infection control policy was available to all staff

online. Regular audits had been completed to check the cleanliness of the environment and monitor compliance with infection control procedures. We saw results of recent hand hygiene audits on display by the nurse's station.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospital for staff and visitors to use to reduce the risk of cross infection. Staff had access to Personal Protective Equipment (PPE), and we observed staff donning and doffing PPE appropriately when entering and leaving patient rooms.

We were told that patients undertake lateral flow tests (LFTs) on the day of admission, and staff undertake LFTs twice a week, to help prevent any COVID-19 outbreaks. All patients who completed questionnaires said that in their opinion, COVID-19 infection control measures were being followed at the hospital where appropriate.

We saw that 'I am clean' labels were placed on shared equipment and reusable medical devices to inform staff that they had been decontaminated and were safe to be re-used.

All staff who completed questionnaires agreed there are appropriate IPC arrangements in place at the hospital.

Nutrition

The patient records and notes we reviewed provided good evidence that the nutritional needs of patients were being met. Nutritional risk assessments were being completed for patients within 24 hours of their admission. Monitoring charts were being completed as required to ensure patients had appropriate nutritional and fluid intake throughout their stay at the hospital.

We saw that patients had access to fluids with water jugs readily available. The patients we spoke with during the inspection told us that staff have encouraged them to call for more water and hot drinks whenever needed.

Effective systems were in place to cater for individual patient dietary needs, with good communication between nursing and catering staff. Information on any patient allergies is shared at the daily safety briefs to ensure the safety of food preparation. We saw that patients were able to choose meals from a varied menu. All the meals are freshly prepared on-site and the meals we observed looked well presented and appetising.

The patients we spoke with told us that the quality of food was very good. Patients who completed questionnaires agreed that they were given time to eat at their own pace and that staff help them to eat and/or drink if they need assistance.

Medicines management

We found that there were robust procedures in place to support the safe prescribing, storage and administration of medicines. An up-to-date management of medicines policy was in place and available on-line to staff. A paper copy was also kept in the staff office.

The treatment room was found to be clean and tidy and we saw evidence to show that the temperature of the room and medication fridge were being recorded on a daily basis to ensure that levels do not exceed acceptable parameters. We saw that all medication was locked away in cupboards, fridges or trolleys as necessary. However, we noted the two medication trolleys were not secured to the wall, which was a requirement of the hospital's management of medicines policy. We received evidence immediately after the inspection had concluded to show that both trolleys had subsequently been secured to the wall.

The hospital used The All Wales Drug Charts, which were completed thoroughly and consistently. During the inspection we observed all patients wearing identity bands to support the safe administration of medication. A pharmacist was available on site six days a week. The records we reviewed evidenced that controlled drugs were being consistently recorded and signed for correctly and that stock checks were being undertaken against the log-book each night. A safe system was in place to allow patients to self-medicate where appropriate.

Safeguarding children and safeguarding vulnerable adults

The hospital had processes in place in order to appropriately safeguard children and adults who may be at risk. Flowcharts were available that set out the procedures for reporting, and responding to, safeguarding concerns. A designated lead person for all safeguarding issues is appointed at the daily safety briefs and communicated to all staff. Safeguarding leads undertake level 4 safeguarding training while nursing and clinical staff undertake level 3 safeguarding training. All other staff members complete level 2 safeguarding training.

The staff we spoke with during the inspection were aware of their roles and responsibilities in relation to safeguarding. All patients who completed questionnaires told us that they felt safe and secure on the ward.

Medical devices, equipment and diagnostic systems

The hospital had a range of medical devices, equipment and systems which appeared to meet the care and treatment needs of patients. We were told that

work has begun to upgrade and improve the call bell system in operation at the hospital. We noted that risks to patients in those bedrooms still using the older call bell system were identified on the hospital's risk register.

We found that there were suitable processes in place for regular maintenance of equipment and for the reporting of any issues. There were designated facilities management staff based at the hospital to support this.

Safe and clinically effective care

We found that systems were in place to help ensure the delivery of care to patients is safe and effective. Care was person centred and clearly based on the specific and varying needs of the patients.

There were patient information boards in the theatre and on the ward that detailed the patients who had been admitted, their status and any other relevant information. All patients who completed questionnaires told us that they had completed a medical history form, or had their medical history checked, and signed a consent form before receiving treatment.

We found that pain was being managed appropriately with formal assessments undertaken, documented and reviewed regularly. We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. There was evidence of multidisciplinary working between the nursing and medical staff in the hospital. We observed professional interactions at all times.

Information on identifying the signs of sepsis was on display throughout the hospital. A sepsis specific emergency bag formed part of the emergency equipment and all staff that we spoke with during the inspection were aware of its location. During the inspection we noted some incidents had occurred at the hospital where it appeared that there were issues around correctly identifying and managing episodes of sepsis. Staff assured us that this had already been identified as an improvement needed and that an action plan was in place to provide further training and education to staff around the expected procedures to follow along the sepsis pathway.

We saw evidence of appropriate discharge planning which included packages of care in place post discharge. The records we reviewed also showed that a decision had been recorded on whether patients were medically fit to be discharged.

Patient safety notices are communicated to staff through daily handovers and weekly 'Friday feedback' meetings, as well as via email. Clinical updates, incidents and learning are discussed in a monthly clinical governance meeting

which are attended by all heads of departments. The minutes of these meetings appeared to be robust and any actions were monitored and updated appropriately.

The majority of staff members who completed questionnaires agreed that senior managers are committed to patient care.

Participating in quality improvement activities

We were told that a comprehensive Patient Safety and Quality Review had been completed in December 2021 by the National Director of Clinical Services to help ensure that all departments at the hospital met required standards. We saw that work was ongoing to implement identified improvements and we noted that 94 per cent of actions had been closed by July 2022.

During our discussion with senior managers it was clear that good links have been established with other Spire hospitals that allowed for the sharing of learning and best practice.

Records management

Patient records and notes were paper-based and we saw that they were being stored securely in a locked trolley throughout the inspection.

During the inspection we reviewed the patient records and notes of patients currently at the hospital and of those recently discharged. We found they were being maintained to a high standard and easy to navigate. The documentation was comprehensive, detailed, organised and clearly written, meaning that staff had good access to legible notes to help ensure the safety of care being provided to patients.

Quality of Management and Leadership

Governance and accountability framework

We found that appropriate systems were in place to help the hospital monitor the quality of service it provides to patients. A regular standing schedule of audits are undertaken and governed through the Audit Management and Tracking (AMaT) electronic system. The heads of each department are responsible for implementing any actions resulting from audits and these are communicated to senior managers at monthly clinical audit and effectiveness meetings.

We attended a daily safety brief during the inspection and found that it was an effective way of communicating key issues and known risks to senior staff at the hospital.

The majority of staff members who completed questionnaires told us that senior managers are visible and that they know who they are. We were told that there are various methods used by senior managers to communicate with staff, including monthly staff forums, weekly feedback meetings and an option to provide feedback directly to the hospital manager anonymously. However, approximately a third of staff members who completed questionnaires said that communication between senior management and staff is not effective, and that senior managers do not try to involve staff in important decisions. Two staff members suggested the following improvements within the questionnaires:

“Listen to staff on the frontline, take on board the comments made or ideas.”

“I enjoy working here; everyone is pleasant, hardworking and supportive, but there does not seem to be much impetus to change the various small issues that make a lot of people’s everyday roles difficult.”

The senior managers at the hospital should consider and reflect on this aspect of staff feedback.

Dealing with concerns and managing incidents

We found that there were robust systems and processes in place to manage complaints, concerns and incidents. Information on how patients could make a complaint was displayed throughout the hospital, contained within the statement of purpose and available on the hospital’s website. The complaints policy included a reference to HIW and a list of other organisations patients could also contact about any issues or concerns they may have. All patients who completed

questionnaires agreed that they were given information on how the setting would resolve any concerns or complaints post-treatment.

We were told that there had recently been issues in the radiology department regarding difficulties in members of the public contacting the administration team, and a backlog of appointments. This has resulted in a number of complaints to the hospital. The hospital manager informed us of the steps taken to address these issues by employing more staff to help clear the backlog and being available to speak to the public.

All staff members who completed questionnaires agreed that the hospital encourages them to report incidents, errors and near misses. The staff we spoke with during the inspection, and all staff members who completed questionnaires, told us that they were aware of the process for reporting patient incidents. An electronic DATIX system is used to record all incidents. We saw that incident forms were detailed, structured and evidenced that an investigation had taken place before being closed. We saw that themes of incidents are discussed during monthly clinical governance meetings. However, one staff member suggested the following improvement within the questionnaires:

“Take note of what is causing the repetitive errors/issues and address.”

We were told that any lessons learnt from the investigation were shared with staff to prevent recurrence and promote safe and effective practice. The majority of staff members who completed questionnaires confirmed that they are given feedback following incidents to help ensure they do not happen again. One staff member told us:

“Clinical governance is excellent and very supportive, happy to help at all times. Good feedback about lessons to learn from incidents. Everybody is friendly and helpful.”

Staff were able to contact a ‘freedom to speak up guardian’ to confidentially raise any issues or concerns they may have about the hospital. The majority of staff who completed questionnaires told us that they would feel secure raising concerns about unsafe clinical practice and that they would be confident the hospital would address their concerns.

Workforce planning, training and organisational development

We were told that a safer staffing tool is used by each head of department to ensure there are sufficient numbers of appropriately trained staff on each shift to provide safe and effective care. A safe staff review meeting is held daily after the patient safety brief to discuss patient admissions, their treatments and level of

need to determine whether staffing levels should be increased or decreased. We looked at a sample of staff rotas for previous months and found that on the whole the compliment of nursing staff on each shift was appropriate and in line with the hospital's safe staffing levels.

Approximately three quarters of staff members who completed questionnaires agreed that there were enough staff at the hospital for them to do their job properly. One staff member provided the following comment:

"... more patients [are] being booked in for late surgery ... they come back post op on the night shift which is when we have less staff on duty. There should be an earlier cut off time for surgery."

We found systems were in place to monitor compliance with mandatory training for staff. We saw that completion rates for training were generally high. The majority of staff who completed questionnaires felt that they had received appropriate training to undertake their role.

We were told that staff have regular clinical supervision sessions with senior members of staff to help them reflect and identify areas for improvement. Staff also receive annual 'Enabling Excellence' appraisals. The majority of staff who completed questionnaires told us that they had received their appraisal within the last 12 months.

Almost all staff members who completed questionnaires said that they would be happy with the standard of care provided by the hospital for themselves, their friends or their family. Approximately three quarters of staff members who completed questionnaires would recommend the hospital as a place to work. Comments we received from staff members about working at the hospital included:

"Spire Cardiff is a great place to work with a very supportive team."

"I love my job here at Spire"

"... there is no incentive to progress in a role, no increments in salary for however long you have worked here or for taking on additional duties ..."

"In general Spire is a nice place to work ... [but] the culture has become different. It's now a money driven business ... the ownership has changed."

Workforce recruitment and employment practices

A recruitment and selection policy was in place that set out the arrangements to

be followed to ensure recruitment followed an open and fair process. Prior to employment, potential staff must provide two references and evidence of professional qualifications. Disclosure and Baring Service (DBS) checks are also carried out to ensure staff are fit to work at the hospital.

Newly appointed permanent staff receive a period of induction to learn about the hospital, read company policies and complete mandatory training. Each new starter completes an induction checklist to evidence their understanding of the procedures.

The majority of staff who completed questionnaires felt that their current working pattern allows for a good work-life balance and told us that they were aware of the occupational health support available to them at the hospital.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Spire Cardiff Hospital

Date of inspection: 18-19 July 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
There were no immediate concerns about patient safety identified on this inspection.				

Appendix C - Improvement plan

Service: Spire Cardiff Hospital

Date of inspection: 18-19 July 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The service must provide an update on progress with scheduled improvement work at the hospital, particularly in relation to the damaged and missing furniture in the sluice and treatment rooms, and on the installation of the new call bell system.	Managing risk and health and safety	The planned update to our sluice and treatment rooms on ward 2 has now been completed as scheduled.	Operations Director	Completed
		The planned installation of our new nurse call bell system has been completed across the hospital and is now fully functional.	Operations Director	Completed
The service must provide an update on progress with clearing the backlog of	Dealing with concerns and	We are completing regular reviews of our waiting lists to ensure patients are prioritised based on clinical need.	Head of Imaging department	Ongoing

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
radiology appointments at the hospital.	managing incidents	Each imaging modality is being booked to 90% capacity to allow for urgent appointments as needed	Head of Imaging department	Ongoing
		Additional MRI capacity has been commissioned to increase capacity by 60 patients per month for the rest of 2022 via a mobile service. This will increase to 120 per month in 2023.	Hospital Director	Completed
		We have appointed a new Imaging Administration Manager who will undertake a full review of our booking processes.	Operations Director	Starting October 2022
		We have secured additional agency admin staff to bridge the gap until additional permanent staff are recruited.	Operations Director	Completed
		Currently the “pending” list has reduced from over 450 to below 300.	Imaging Department Manager	Ongoing
The service should review the patient and staff responses to the questionnaires throughout this report and provide an	Governance and accountability framework	We have improved our response time to call bells following implementation of our new call bell system. This will be monitored through audit. All staff wear name badges	Ward Manager	Ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
update on plans to address the issues raised.		displaying their name and role, as well as introducing themselves to patients on arrival.		
		Our patient feedback scores show very high levels of satisfaction. We are currently 2 nd in the Spire group of 39 hospitals for providing outstanding nursing care (Aug 22).	Director of clinical services	Ongoing
		We have recently completed our refurbishment programme on Ward 2 and have plans in place to refurbish Ward 1	Hospital Director	2023
		We have a daily safe staffing tool in place and a daily workforce meeting to adjust staffing to meet the needs of our patients and confirm every department is safely staffed at all times through the day.	Director of Clinical Services	In place
		We have a raising concerns policy, a Freedom to Speak Up Guardian and a number of Ambassadors for colleagues to raise concerns. This includes a Consultant Ambassador. Any concerns raised are	Hospital Director	In place

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		managed through a formal process with feedback to the individual where known.		
		We have introduced a new monthly ‘Tea with SMT’ initiative to gather feedback in an informal setting and allow staff to raise ideas for improvement.	Senior Management Team	In place
		The senior management team have introduced a ‘walk in their shoes’ initiative where they spend a shift working in different teams to better understand roles, the team and any concerns to be addressed.	Senior management team	In place
		We have introduced an “Ask Fiona” email inbox for suggestions/feedback along with a physical mailbox in the dining room for staff to raise concerns / ideas	Hospital Director	In place
		A Spire-wide colleague survey is being undertaken in October 2022 which will provide feedback on which we can develop action plans to improve colleague engagement. Results from the 2021 survey	Senior management team and heads of departments	October 2022

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		were very positive and above the Spire group average.		
		We have appointed to a new Capacity Planner role to support improved flow of patients between theatres and the ward.	In patient Booking Manager	Start date - October 2022
		Spire has a national project underway to introduce a new reward framework which will provide greater visibility of scales for salaries and career progression opportunities across the organisation.	Spire Group HR Team	April 2023

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Fiona Conway
Job role: Hospital Director
Date: 26 September 2022