

Spire Methley Park Hospital

Enter and View Visit Report for Spire Methley Park Hospital
05 May 2022

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Details of Visit

Service Name and Address

Spire Methley Park Hospital

Methley Lane

Methley

Leeds LS26 9HG

Service Provider

Spire Healthcare

<https://www.spirehealthcare.com/spire-methley-park-hospital/>

Date and Time

09.30am, 05 May 2022

Authorised Representatives

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Acknowledgements

Healthwatch Wakefield would like to thank the service provider and staff for their contribution to the Enter and View programme.

Purpose of the visit

An Enter and View visit to Spire Methley Park Hospital was undertaken as part of a joint patient safety walkabout on 5 May 2022 alongside the NHS Wakefield Clinical Commissioning (CCG) Group Quality Team with Healthwatch Wakefield.

The visit was pre-arranged in agreement with the Hospital Director at Spire Methley Park. The Hospital Director and the Director of Clinical Services were both present at the visit and provided background context to the Spire Healthcare group and the services provided at Methley Park.

Objectives

1. To observe the services on offer.
2. To talk to patients.
3. To talk to staff.

Methodology

The Healthwatch Wakefield Chief Executive Officer, Gary Jevon, carried out the inspection along with Valerie Aguirregoicoa, Quality Manager, NHS Wakefield Clinical Commissioning Group, and Bipin Raj, Clinical Quality Manager, NHS Wakefield Clinical Commissioning Group, between 09.30am and 12.30pm on Thursday 05 May 2022.

We were welcomed by the Director of Clinical Services from the site who provided a narrative background to the service provider and the hospital itself, before introducing us to the Hospital Director and other members of staff present on the day. The inspection team each took individual responsibility for the evaluation of different aspects of the service, in particular the patients' experiences and views, staff attitude and working practices, and the environment itself.

At the end of the visit, the team reconvened with the Hospital Director and the Director of Clinical Services to provide a summary overview of the findings. A formal report was subsequently produced and shared with the Spire Methley Park team on 17 May 2022.

Summary of findings and feedback

Findings

Background

The hospital provides a mix of private and NHS planned care. There is a 25 bedded ward, five pod day-case facilities, and an out-patient department. There is an average length of stay of just under two days. There are three operating theatres, one of which does not have laminar flow air ventilation system and is not used for implantation procedures. The outpatient's department has 10 consulting rooms, physiotherapy, pharmacy, radiology, and mammography. A mobile MRI was also on site today with mobile CT provided weekly.

The segregation of patients onto red, amber, or green Covid-19 pathways ended during the week before the visit, but patients are still required to undertake LFT (lateral flow test) tests two days prior to and on the day of attendance. Staff test twice weekly in line with current guidance. Mask wearing for all staff, clinical and non-clinical remains compulsory alongside social distancing.

Environment

The hospital was calm yet busy. It was clean and well presented. Checking rotas were clearly visible and completed. There were a few outstanding 'snagging' issues with the new build that was recently commissioned.

Environment visibly cleaned and maintained in all areas. The team also noted that on arrival at the Director of Clinical Services' office, at the start of the visit, there were some flakes of dried paint on the carpet, and damage to the paintwork on the adjacent wall, which had been reported. When the team returned an hour later, the carpet had been cleaned and the paintwork repaired, including being repainted over as well.

Reception areas, waiting rooms, treatment rooms and corridors were all maintained to very high standards. The team noted that the number of chairs available in the waiting rooms had been reduced as a Covid-19 measure, but this did not appear to cause any issues at the time of our visit.

Patient rooms on the ward and day unit were modern clean and tidy. Equipment in the rooms were of good quality and the en suite facilities appeared to be of a high standard. Staff were welcoming, friendly, and helpful. Fire drills were undertaken, and one staff member described patient evacuation training.

The organisation also undertakes business continuity drills. Staff did not come forward with any examples but could describe what they would do under certain circumstances. We would, however, recommend widening the scope of business continuity drills to consider undertaking a cyber-attack drill.

Information boards are found throughout the hospital. The displays are excellent, informative, easy to find, relevant and up to date. The team would like to suggest Spire consider how these are made available in different formats e.g., languages, braille, easy read and how patients are informed about them.

Response from Spire Methley senior managers team:

The hospital has an accessible information standards policy in place. We have posters around the hospital informing patients and visitors that our information is available in other languages and to just ask. A number of leaflets in easy read format are available and the central team are currently working on braille format. We have access to 'The Big Word' an interpretation service who can provide face to face and telephone interpretation.

The ward kitchen was due to have several new pieces of equipment but there were comments about regularly having to get things fixed. The door was propped open due to the heat because of the air conditioning unit being broken. The team were informed that the item is on order from capital expenditure.

Response from Spire Methley senior managers team:

The kitchen has just been upgraded during the compliance works and in fact had substantial refurbishment and redesign. The Air Con unit was in fact brand new but on installation had a broken part that had to be reordered which has now been completed. With regards to the equipment everything is on an annual service and maintenance contract and the major items in the area e.g., dishwasher is in fact nearly new.

Infection Prevention and Control

Staff and visitors are required to wear the masks supplied in reception to ensure they are fresh. There were antibacterial gel dispensing stations readily available, functional, and observed to be in regular use by staff. All equipment was cleaned regularly and had a 'I am clean' label on with the date cleaned on it.

Some staff were not wearing their masks correctly. Three members of staff were observed having a conversation in a room with masks down without maintaining social distancing. One member of staff was noted to not be bare below the elbow, the team were not sure whether it applied in the individual's role. However, these were both actioned immediately via a Senior Management Team (SMT) walk round to monitor compliance. Standards were reiterated to all staff via the '10 at 10 meeting' and via an email sent to all staff from the hospital's Infection Prevention Control (IPC) lead.

The dirty utility room appeared a bit untidy and there was a wet towel on the floor next to the macerator. This was immediately fed back to the ward team, and it appeared that a colleague had inadvertently dropped a towel on the floor. It was recognised that the ward is an operational working area where, on occasion, such things can and do occur. The team noted that previous environmental and past PLACE (Patient Led Assessment of Care Environment) audits have not raised any areas of concern.

Medicines Safety

The team member's ID was checked before allowed entry to pharmacy. Controlled drugs were in a locked cupboard. Medicine fridge and clean utility room on the ward had temperature monitors and were functional at the time of visit. Pharmacy and ward had an efficient process in checking the expiry date of medication. No expired medication was noted during the visit.

Patient Journey

Staff were observed as interacting well with patients and visitors. From arrival at the door and as they proceeded through their journey, they were directed and told what to expect at the next stage of their journey. This clearly helped put people at ease.

Staff described an occasion where a patient was nervous about a procedure and could not enter the building. A plan was agreed, and the patient visited the site on several occasions without receiving treatment to become accustomed to the environment. They were given information about their procedure, had questions answered and were allowed a family member to attend with them to provide support. The patient attended for the procedure with a good outcome. Other examples were given of patient centred, compassionate care.

Radiology staff also described an occasion where a patient collapsed through anxiety at the anticipation of a mammography examination. The staff member present at the time was compassionate and spent time sat on the floor with the patient to talk to her and compassionately reassure her. Being able to give this time to this patient in this way resulted in an excellent experience and outcome for this patient in particular.

Regarding inter provider transfers, there is a contract in place allowing patients that meet a set of criteria to be transferred to enable them to be treated sooner:

1. Patients are selected by Mid Yorkshire Hospitals NHS Trust (MYHT) using exclusion criteria.
2. Spire Methley double-check / screen the referrals using the documentation provided, and the referral is sent back to MYHT if it doesn't meet the agreed criteria.
3. Outpatient appointments and pre-assessment visits: a process for inter provider transfers to MYHT is in place if something is found in the patient's medical history or, most often, based on the patient having a BMI above 40.
4. Anaesthetist screens referrals for surgery and also has the ability to decline these based on a documented risk assessment. In such cases there is a process for inter provider transfers back to MYHT in place.

Referral-to-treatment timeframes ('clock' management) remains intact, and most patients are understanding when the reasons for transfer are explained. The team noted that only one complaint had been received in the previous reporting period. Treatment for this patient at Spire Methley Park had been declined due to patient having a BMI of 45. This is outside the contract and the complaint was not upheld.

Since the Covid-19 pandemic, Spire Methley Park staff and management team report seeing an improved relationship with MYHT. This includes improved information sharing, e.g., Consultant appraisals, and Root Cause Analysis of incidents when there has been a patient link between Spire Methley Park and MYHT.

Staff Experience

Staff reported having six monthly 'Enabling Excellence Reviews' with objectives being set (Performance Development Reviews). Staff didn't appear to have regular one to ones but reported line managers as being approachable when the need arose.

Staff felt that senior leaders were approachable and visible. They were happy to raise issues with their line managers but were also aware of the hospital's 'Freedom to Speak up Guardian' and their role.

There are three mental health first aiders on site. Some staff appeared to be unaware who these were.

There are recognition initiatives of staff, one is the Inspiring People Award, anyone can nominate someone and the get a financial reward in addition to recognition

Mandatory training resets annually in April. Prior to reset, compliance for mandatory training was 99%, the team noted that Spire Methley Park was top of the group's league table for this. The team did not ascertain whether in-work time was allocated for staff to complete mandatory training. There were, however, several training events on the day including one on blood transfusion. Compliance is discussed regularly at Heads of Department meetings.

There was a mix of staff from those who have been in post 20 years or more and a younger more mobile part of the workforce. Some considered that the high level of paperwork required may impact on staff retention.

Staff appreciated having a nurse in charge of the site who understood both management and clinical issues.

Response from Spire Methley senior managers team:

Documentation and the paperwork required is dictated by Spire Healthcare centrally: all Spire hospitals use the same paperwork – this ensures a consistent and high level of documentation which is vital in ensure safe and high-quality patient care.

Most staff felt able to suggest quality improvements and one member of staff was able to give an example of a small change that had been suggested on the day, approved for testing to improve patient flow from theatre to ward.

Others, however, perceived that the organisation was a little resistant to change and that there was a 'Methley Park way' of doing things.

Response from Spire Methley senior managers team:

At Methley Park we actually pride ourselves on being open to new ways of working and adapting to change and therefore we were disappointed to hear this. We have staff forums which are held monthly for staff to address new ways of working, a staff engagement group chaired by the Hospital Director and an "Ask Sue" idea box amongst other things for staff to come forward and suggest ideas, comments, and thoughts.

Although a few initiatives are in place for staff health and wellbeing, the team felt there was more that could be done especially after the last few years. May want to consider other wellbeing initiatives.

Response from Spire Methley senior managers team:

Depending on the line of questioning [the inspection team] may not have received full and detailed information regarding our health and wellbeing initiatives. You will see from below that these are significant and have been in place for a number of years but have increase in content over the past two. These include an online health hub for colleagues giving advice on healthy lifestyles as well as our Employee Assist Program, which can help colleagues with anything from financial advice to mental health advice. "Night Cap Club" is in place for colleagues who may need support with mental health concerns, as is our LGBTQ+ lunchtime meeting. All colleagues have access to occupational health and counselling services, alongside our mental health first aiders and freedoms to speak up guardians. In addition there are also:

- Staff notice board dedicated to mental wellbeing including stress busters, coping at work and managing workloads etc.
- Staff notice board dedicated to mental wellbeing during covid, including how to cope whilst self - isolating and dealing with change
- Active mental health first aider team, with posters around the hospital including contact details and pictures
- Time to talk days with the mental health first aider [MHFA] teams, encouraging staff to take a break and catch up with the MHFA team
- Wellbeing calendars sent to all staff members, encouraging and reminding them to complete small mental health improving tasks
- Centrally run 'let's talk' Zoom webinars, sent to all staff via operational team communications emails twice a week
- A multitude of morale raising staff events such as free lunches, ice cream deliveries, socially distanced Christmas celebrations
- Future events planned include a 'spa at work' wellbeing day, with a visit from a temple spa representative to train staff how to practice mindfulness in the workplace

Staff perceived that on occasions vacancies were slow to be filled but some acknowledged that there may be difficulties in recruiting. They also mentioned long working hours coupled with travel time to and from work and how sometimes this can be exhausting.

When this was discussed with management the shift arrangement was described and that a range of shifts were available.

Response from Spire Methley senior managers team:

A range of shifts are available, and this is made clear at interview. 14-hour shifts are not mandated for anyone and the ward manager offers flexibility as required. We plan to discuss this consider with the wider ward team and will consider changing the shift pattern if this is what the majority of colleagues would be in favour of. We do actually have a Spire Flexible Working Policy, and this is accessible to all members of staff via our HR Advisor and the Spire intranet.

Patient Experience

The phones were answered promptly and professionally. Healthcare Assistants perform chaperoning roles when required. This is documented and signed in the patient notes by the chaperone.

Patients spoken to during the visit were consistent in their praise of the excellent, patient-centred, compassionate care. Communications was highlighted as a particularly strong positive, especially in terms of being informed in advance of what the next steps were in their treatment. Patients also praised the attitude of staff along with the opportunities to ask questions whenever necessary. The team's observations of interactions between staff and patients showed them to be very compassionate, informative, and professional.

Governance and Documentation

Governance is controlled centrally and cascaded to individual sites to maintain consistency across the organisation. For example, policies are developed centrally, local sites undertake a relevance check and a gap analysis to see where they might fall short of implementation, actions are identified to ensure they meet the requirements they are then put into the staff clinical effectiveness bulletin.

A programme of clinical audit is set and monitored annual, additional ones may be added resulting from Root Cause Analyses locally. Results and actions are discussed and owned by the Head of Department.

The team were able to attend a daily '10 at 10' huddle meeting attended by Heads of Department (HoDs). Notes of these are taken and circulated to those unable to attend. This covered areas such as who to expect on site that day, crash call check, safe staffing levels, training occurring that day, activity levels, health and safety issues, IPC-World hand hygiene day, number of incidents reported, flash alerts. It ended on a positive with thanks to those staff who stayed late to complete theatre list and good news - alternative bone density, also sometimes called DEXA, scan provision had been found. Encouragement for staff to attend the staff gym which staff are finding motivating and fun.

Evidence of Spire Methley Park being a learning and sharing organisation: the central team cascade 48-hour flash alerts to all sites to share the learning from incidents. These are shared at 10 at 10, require

acknowledgement by HoDs and for them to confirm actions. These are included in the Clinical Effectiveness meeting and go into the governance report. They look at learning from never events, trends on low harm incidents such as falls with harm

There is a good culture of incident reporting with many being low or no harm. More serious incidents are investigated, and staff reported these were constructive with a no blame culture. If investigations found omissions in care, then local action plan is put in place and learning reported centrally for dissemination across the organisation.

An incident was reported relating to pain management which resulted in patient death. A root cause analysis (RCA) was undertaken and was due to be signed off imminently. Managing pain for patients on many types of analgesia can be difficult, this was recognised in the RCA. Actions included inviting a pain specialist from Barnsley in to discuss managing pain relief where they shared new tools for best practise and the sister who was leading the RCA developed a pain education board which is now displayed in the ward.

If staffing levels are reported as not safe there are a number of actions that are taken for example, pulling staff, safely, from elsewhere, use of on-call staff, clinicians in non-front-line roles. If the service still can't achieve safe staffing, then the list will be cancelled.

Patient documents were completed appropriately. Several good practises noted including timely recording of observations, safety checks, consent, operation notes, care plans and other nursing assessments and pathways. Crash trolley checks were done daily and documented.

Patient reported outcome measures (PROMs), the organisation participates in the national scheme for hips and knees. The governance lead reported that response rates were good prior to Covid-19 but had been ceased during the pandemic. The response rate is recovering slowly and is now at 55%. With 85 procedures a month, the CCG should be able to monitor this going forwards. If patients have not completed the pre procedure forms, they are supported to do so. This is an ongoing project, with several teams involved, we expect to see compliance increase month on month.

Following the walkabout, the visit team provided verbal feedback to the Hospital Director and the Director of Clinical Services. We would like to express our thanks to colleagues for spending the time to show us around and for talking to us about the hospital.

Conclusion and recommendations

Conclusion

Overall, the visit was extremely positive, and very few concerns were noted. Those that were reported to the Senior Management Team were actioned immediately as described in the commentary above.

Recommendations

1. We would recommend widening the scope of business continuity drills to consider undertaking a cyber-attack drill.
2. We would recommend that Spire Methley Park continue to consider how the information boards found across the hospital are made available in different formats e.g, languages, large print, braille, easy read, and how patients are informed about the availability of different formats.
3. We would recommend that the organisation continues to work on Patient Reported Outcome Measures responses, to see compliance rates return to pre-Covid-19 pandemic levels as soon as possible.

Response from the provider

Comments and responses from the provider have been added to the report text.

Disclaimer

Please note that this report relates to findings observed on the specific date set out. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



Have just had second hip replacement (July 2021) and would just like to thank Spire Methley Park Hospital for all care and help which you have given having both hips replaced.

It's very quiet and peaceful just perfect to get over a procedure, and I would recommend to anyone.



Five-star review left on www.nhs.uk posted on 16 September 2021 following a visit in July 2021



Methley park hospital was chosen for me by Mid Yorkshire NHS Trust. I had no idea what to expect for my second knee total replacement.

I should not have been concerned as the care and professional service provided were excellent. Friendly reassurance from staff is important when you are vulnerable and afraid. I have no hesitation in recommending this hospital.



Five-star review left on www.nhs.uk posted on 20 December 2020 following a visit in November 2020



All the staff at this Spire Hospital are brilliant. It comes over loud and clear they pull together as a team. I was really afraid of having my knee replacement, but the reassurance given to me helped me through it .From cleaners to nurses and doctors were all friendly and professional.

Thank you all for all the help and support.



Five-star review left on www.nhs.uk posted on 09 November 2020 following a visit in November 2020



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