

Blackdown Orthopaedic And Spinal Services LLP

Musgrove Park Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

The overall rating for Blackdown Orthopaedic and Spinal Services was **good**. We rated it as **good** because:

- The service had enough staff to care for patients and keep them safe. Staff had updated their training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

The overall rating for Blackdown Orthopaedic and Spinal Services was **good**. We rated it as **good** because:

- The service had enough staff to care for patients and keep them safe. Staff had updated their training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Musgrove Park Hospital

Blackdown Orthopaedic and Spinal Services is a limited liability partnership between a group of orthopaedic surgeons and spinal surgeons, and their anaesthetist colleagues.

The provider is contracted to provide the following services at Somerset NHS Foundation Trust's Musgrove Park Hospital in Taunton:

- Saturday orthopaedic outpatient clinics in the trauma and orthopaedic outpatient department. The clinics create additional clinic capacity for outpatient appointments for patients who are currently on the waiting list of Somerset NHS Foundation Trust.
- Orthopaedic surgical activity during times of unused theatre capacity on Saturdays.

The service is registered with CQC to provide the following regulated activities:

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

There are contractual partnership agreements (Service Level Agreements (SLA)) which include information about the facilities, equipment, medicines, clinical staff, policies and procedures provided by Somerset NHS Foundation Trust. The SLA also sets out the arrangements for managing records, medicines and safety incidents.

The service had not previously been inspected. There were no special reviews or investigations of the service ongoing by the CQC during the 12 months before the inspection.

How we carried out this inspection

During our visit to Blackdown Orthopaedic and Spinal Services we visited the trauma and orthopaedic outpatient department. We met and spoke with ten patients. We met and spoke with six staff working for the host NHS trust, including a clinical services manager, nurses, and healthcare assistant.

The inspection team included a lead inspector and a specialist adviser who carried out a site visit on 28 May 2022. A further interview with the registered manager, a consultant, clinical services manager and the booking administrator was held remotely on 10 June 2022. The inspection was overseen by Head of Hospitals Inspections, Catherine Campbell.

We looked at documentation and patient outcome data before, during and following the inspection.






Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-------------|------|-----------|--------|------------|----------|---------|
| Outpatients | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Outpatients

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

Are Outpatients safe?

Good 

This was the first time we inspected and rated this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training through Somerset NHS Foundation Trust's (referred to as the host NHS trust in the remainder of the report) mandatory training programme. Most staff were up to date with their training or had dates booked to attend training in the near future and were up to date with their skills and knowledge to enable them to care for patients appropriately.

The mandatory training was comprehensive and met the needs of patients and staff. Staff told us mandatory training updates were delivered to meet their needs and they were able to access training as they needed it. Mandatory training was available using a range of methods to maximise accessibility, including face-to-face sessions and e-learning.

All staff were compliant with basic life support, immediate life support and advanced life support training where required.

Managers monitored mandatory training and alerted staff when they needed to update their training. Performance reports were available to review training attendance and staff could check their compliance with mandatory training. Managers saw which members of their team were in date and were able to plan when team members needed to complete refresher training. Email reminders were sent to all staff reminding them in advance of when the training was due. Compliance was reported monthly as part of the governance report to the host NHS trust's board.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had updated training on how to recognise and report abuse and they knew how to apply it.

Outpatients

Staff received training specific for their role on how to recognise and report abuse through the host NHS trust's training programme. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service used the latest legislation in policies and procedures from the host NHS trust.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were knowledgeable about the host NHS trust's safeguarding policy and processes and were clear about their responsibilities. They described what actions they would take should they have safeguarding concerns about a patient. All staff were confident to challenge to ensure the safety of patients.

Staff followed safe procedures for children visiting the departments. The trust provided information to staff within safeguarding policies and procedures. This included the action to take when staff had concerns regarding child protection and domestic abuse.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained. In all areas we visited, the floors, walls, curtains, trolleys and areas in general were visibly clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was a dedicated team of cleaning staff provided by the host NHS trust, who ensured the areas were clean and tidy and they were fully integrated with the clinical teams. The team cleaned in the evening after the Saturday clinics. A rapid response team was also available when required. There were daily schedules and weekly tasks, alongside deep cleaning as and when required.

Staff followed infection control principles as defined by the host NHS trust, including the use of personal protective equipment (PPE), such as face masks, gloves and aprons to protect and prevent healthcare-associated infection. These were readily available to staff.

Staff cleaned equipment after patient contact and the waiting chairs were cleaned at the end of the morning clinic. Changes to cleanliness processes and practices were implemented and communicated to staff.

Staff, patients and visitors to the department had access to antibacterial gel and handwashing facilities. We saw these used regularly throughout our inspection. Nursing and medical staff washed their hands and applied antibacterial hand gel between each patient contact. We also saw non-clinical staff, including reception staff using hand gel. The antibacterial hand gel was located at the entrance to the hospital and the outpatient department.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The premises and equipment used to deliver the service were provided by the host NHS trust, who were responsible for servicing, maintenance and ordering of equipment. The design of the environment followed national guidance for safety.

Outpatients

The service had enough suitable equipment to help them to safely care for patients. There was access to emergency equipment. The emergency trolley, located in the adjoining emergency department was clean, tamper evident and ready to use. Staff carried out daily and weekly checks of the equipment and medicines to ensure they were ready to use and in date. From the records we reviewed during a three-month period there were no gaps in the log. A hypoglycaemia kit was also available in the reception area for use in an emergency.

The service had suitable facilities and equipment to safely meet the needs of patients. Staff said they had access to the equipment they needed for the care and treatment of patients.

Staff carried out checks of the consultation rooms before the start of the Saturday clinic.

Staff disposed of clinical waste safely. Disposable items of equipment were discarded appropriately, either in clinical waste bins or sharp instrument containers. Nursing staff said these were emptied regularly and none of the bins or containers we saw were unacceptably full.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments relating to patients needs were completed and evaluated. There were clear processes to deal with patients where their medical condition was deteriorating.

Staff responded promptly to any sudden deterioration in a patient's health. Staff knew about and dealt with any specific risk issues.

Staff shared key information to keep patients safe when handing over their care to others.

Although we did not inspect the operating theatres, staff said compliance with pre-operative assessments was audited as part of the host NHS trust's documentation audit. Staff used the World Health Organisation (WHO) safer surgery checklist for all surgical procedures. Managers monitored and discussed compliance in operational meetings and safety huddles.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The host NHS trust provided all radiography, nursing and reception staff as required for the delivery of the service. Staffing was provided in line with current national recommendations and the terms of the service level agreement between the provider and the host NHS trust.

Staffing was arranged at least six weeks in advance of the Saturday outpatient clinic date. Two to four clinicians (consultants and advanced physiotherapy practitioners) were provided for each clinic session. There was a mix of skilled and experienced nurses and healthcare assistants in the outpatient department.

Outpatients

Blackdown Orthopaedic and Spinal Services provided consultant staff for the outpatient clinics, surgery and immediate post-operative recovery of patients. All consultants held substantive consultant posts in the host NHS trust. There were 18 consultants available to provide services.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.

The service did not keep its own separate patient records as staff recorded all patient care and treatment on the host NHS trust's electronic patient records system. This meant information was easily available to all relevant and authorised staff who were treating the patients.

Patient information was complete and concise and care plans were up to date. The records were comprehensive and reflected the needs of patients. Completion of records was regularly audited by the host NHS trust and actions were taken to address any shortfalls.

Compliance with surgical procedure documentation and follow up was also audited as part of the host NHS trust's documentation audit.

Medicines

Systems and processes to safely prescribe, administer, record and store medicines were provided by the host NHS trust in line with the service level agreement.

Staff followed systems and processes to prescribe and administer medicines safely. All medicines and prescribing documents were managed and stored safely in locked cupboards with access restricted to authorised staff. The service did not use or store controlled drugs.

Audits showed staff were aware of medicine safety alerts and incidents to improve practice.

Staff knew how to report incidents or near misses on the host NHS trust's electronic reporting system. Staff felt confident in raising an incident should they need to. Managers investigated incidents and shared lessons learned with the team and the wider host NHS trust.

Incidents

The service used the host NHS trust's policy and procedures to manage patient safety incidents. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the team and the wider service.

Staff reported serious incidents clearly and in line with trust policy. There were systems to make sure incidents were reported and investigated appropriately. Staff were open, transparent and honest about reporting incidents and said they would have no hesitation in reporting incidents. They were clear about how they would report them. All staff received training on incident reporting as part of their mandatory training.

Staff knew what incidents to report and how to report them. All incidents were reported directly onto the host NHS trust's incident reporting system. This provided a single record of each incident, subsequent investigation, agreed learning, and evidence of the learning and its effectiveness.

Outpatients

Staff raised concerns and reported incidents and near misses in line with the host NHS trust's policy. Staff said they were encouraged to report incidents promptly.

Reports from investigations showed managers investigated incidents thoroughly. The host NHS trust's incident reporting policy set out the processes for reporting and managing incidents and described the root cause analysis investigation process and the roles and responsibilities of staff involved in the process.

Managers shared learning about never events and serious incidents with their staff. Learning from incidents started at the point where the event happened, with any necessary local action being taken to minimise a similar event from reoccurring.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation and apology when things went wrong. Although we did not see any examples of where duty of candour had been applied, staff demonstrated an understanding of their responsibilities and could describe the process and what they would do.

Are Outpatients effective?

Good 

This was the first time we inspected and rated this service We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

The service participated in the NHS Getting It right First Time (GIRFT) programme which was designed to improve treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

The service used the host NHS trust's policies, care and treatment pathways, and clinical protocols and processes. Policies were available to all staff on the host NHS trust's intranet system and staff demonstrated they knew how to access them.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. A water cooler was available for patients to use in the waiting room and a vending machine with drinks and snacks was located near the entrance of the outpatient department.

Outpatients

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. There was guidance in care plans about pain management for patients where it was appropriate. Patients had their pain assessed and appropriate methods of reducing pain were discussed and offered.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in the host NHS trust's annual audit programme. This enabled the service to benchmark the standard of care provided against local and national standards.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service participated in national safety standards for invasive procedures (NatSSIPs) with consistently positive outcomes.

Managers used information from the audits to improve care and treatment. Action plans were developed to address areas of improvement and were regularly reviewed and reported monthly to the host NHS trust's surgical board.

The service participated in patient recorded outcome measures (PROMS) to assess the quality of care delivered to patients and the health gains after surgical treatment.

Arthroplasty theatre sessions were recorded in the host NHS trust's data base and discussed at audit meetings and information was fed into the host NHS trust's monitoring systems.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service made sure staff were competent for their roles.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data showed most staff had received an appraisal and others had dates booked in the near future.

Staff attended team meetings or had access to full notes when they could not attend. Minutes of meetings were available for staff to read.

Staff were given a full induction tailored to their role before they started work. Staff confirmed they received a comprehensive induction. They felt confident and prepared to work in the outpatient department.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work.

Outpatients

Training needs were identified for staff and they were given the time and opportunity to develop their skills and knowledge. There was a commitment to training and education within the service. Staff told us they were encouraged and supported with training and there was good teamwork. Staff were encouraged to keep up to date with their continuing professional development and there were opportunities to attend external training and development in specific areas.

Managers identified poor staff performance promptly and supported staff to improve.

All consultants held substantive consultant posts within the host NHS trust network. They received annual appraisals and revalidation as required through the substantial NHS contracts.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Staff ensured patients received consistent coordinated, person-centred care and support when they used, or moved between different services.

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. For example, X-rays could be performed by a dedicated radiographer in the adjacent radiography department to ensure consultants had access to the most up-to-date X-ray ahead of their consultation.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There were multidisciplinary integrated clinical pathways to improve the patient outcomes.

Seven-day services

The clinic ran on Saturdays and key services were available to support timely patient care including a dedicated radiographer in the adjoining radiography department.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Health promotion was a routine part of all care provided to patients. All staff worked collaboratively to assess aspects of general health and to provide support and advice to promote healthy lifestyles.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Outpatients

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy and get accurate advice in these areas. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care. Staff said they were confident in making capacity assessments.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Throughout the inspection we saw staff explaining the assessment and consent process to patients and any need to share information with other professionals such as GPs, before obtaining written consent.

Staff made sure patients consented to treatment based on all the information available. Staff said they obtained consent from patients prior to commencing care or treatment. They said the risks and benefits of any procedure were fully explained to the patient.

Staff clearly recorded consent in the patients' records as we saw in all the records we reviewed.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff were aware there were additional steps to consider if the patient did not consent to treatment. If the need arose, staff were able to liaise with the approved mental health practitioner team at the local mental health trust.

For surgical procedures consent was obtained from patients for their care and treatment at pre-assessment appointments with staff from the host NHS staff and was in line with legislation and guidance.

Compliance with surgical procedure documentation and follow up was audited as part of the host NHS trust's documentation audit.

Are Outpatients caring?

Good 

This was the first time we inspected and rated this service We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Care from the nursing, medical staff and support staff was delivered with kindness and patience. The atmosphere was calm and professional, without losing warmth. Staff were focused on the needs of the patients and ensured they felt respected and valued as individuals.

Staff took time to interact with patients and those close to them in a respectful and considerate way. During our inspection we observed positive interactions between staff and patients. Staff introduced themselves prior to the consultation. They were open, friendly and approachable and interactions were very caring, respectful and compassionate.

Staff followed policy to keep patient care and treatment confidential.

Outpatients

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They were knowledgeable about the host NHS trust's framework to support communication with families who were non-English speakers, or for whom English was a second language. Support was also available for patients with hearing or visual impairment, or who had learning disabilities.

Patients said staff treated them well and with kindness. The comments we received from patients were unanimously positive. They spoke positively about their experience in the clinic. They confirmed all staff were kind and helpful to them.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed staff providing emotional support to patients during their visit to the department. Patients' individual concerns were promptly identified and responded to in a positive and reassuring way.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Throughout our inspection, we saw patients being treated with dignity and respect. Voices were lowered to avoid confidential or private information being overheard despite the difficulties of COVID-19 measures such as wearing of face masks. All patients said their privacy and dignity was maintained.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Difficult information was discussed in a sensitive manner and a patient told us how supportive the entire team had been when they delivered such information.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients were spoken with in an unhurried manner and staff checked if information was understood.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients were involved with their care and decisions taken. Patients said all procedures had been explained and they felt included in the treatment plan and were well informed.

Staff talked with patients in a way they could understand, using communication aids where necessary. We observed staff explaining things to patients in a way they could understand to help them become partners in their care and treatment.

Staff supported patients to make informed decisions about their care. Patients were encouraged to be involved in their care as much as they felt able to.

Outpatients

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were able to use the host NHS trust's friends and family test to give their feedback and recommend the service to friends and family if they needed similar treatment or care. A high proportion of patients gave positive feedback about the service in the test.

Are Outpatients responsive?

Good 

This was the first time we inspected and rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The provider was contracted to provide Saturday orthopaedic outpatient clinics in the trauma and orthopaedic outpatient department at Musgrove Park Hospital in Taunton. The clinics created additional clinic capacity for outpatient appointments for patients who were currently on the waiting list of the host NHS trust.

All aspects of outpatient performance had been heavily impacted by COVID-19 and had resumed in October 2021. The provider was part of the host NHS trust's restoration programme for planned surgery to coordinate recovery activities based on patient safety, workforce, capacity and capability.

For surgical services, preadmission checks were carried out by the host NHS trust's preadmission team and they determined if a patient was suitable for a Saturday theatre list. Post-operative care and ward care was absorbed by the host NHS trust.

The host NHS trust covered payment for surgical assistants, theatre staff, recovery nurses, HCAs and radiographers. In addition to this also secretarial support, sterile supply services, prostheses, theatre disposables and drugs, and critical care if required. The fees for surgeons and anaesthetists were raised as invoices to the host NHS trust at the beginning of the month following a clinic or procedure.

Managers planned and organised services so they met the needs of the local population. The provider adhered to any referral and treatment protocols agreed between the host NHS trust and the commissioner.

Facilities and premises were appropriate for the outpatient services being delivered. However, 50% capacity was lost due to parts of the department being used for the adjoining A&E department during the COVID-19 pandemic.

Staff monitored and took action to minimise missed appointments. Patients were sent text reminders about their appointments. Staff ensured that patients who did not attend appointments were contacted. Where patients cancelled an appointment at the last minute, an appointment could be offered to other local patients who were available at short notice.

Outpatients

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff supported patients living with dementia and learning disabilities by using specific documents to support effective care. Two appointment slots would be booked for patients requiring more time and a quiet space would be set aside, where possible.

There were reasonable adjustments made so that people with a disability could use services on an equal basis to others. The access to the outpatient department and use of equipment met the needs of patients and visitors with a disability.

A children's play area had previously been available prior to COVID-19 restrictions. However, this had been removed and crayons and plastic toys were available instead. Children were able to wait in the second waiting room as required.

The service had information leaflets available in languages spoken by the patients and local community. This ensured patients and their families and carers had access to written information about their illness and/or conditions.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access translation services for patients through the host NHS trust if required as part of the service level agreement between the two partners. Support was available for communication with patients and carers for whom English was a second language, people with hearing or visual impairment, or who had learning disabilities. There was telephone interpreting, video conferencing and written translation services. Information could also be provided in large print, in braille, or a British Sign Language interpreter was available.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers and staff planned that patients did not stay longer than they needed to. Staff monitored waiting times and were taking actions to improve patients' access to services within agreed timeframes and national targets. The key considerations for outpatients were tackling the backlog and reinstating pre-COVID-19 activity.

Patients were booked for their appointment by the host NHS trust's booking team. Up to 36 patient appointments were booked for a four-hour clinic session and 28 for three-hour clinic session. Under the terms of the service level agreement, the trust was unable to commit to a particular volume of patients and this was kept under review throughout the course of the agreement in communication with the provider. The clinical service manager for trauma and orthopaedics determined the volume and frequency of the clinics in mutual agreement with the provider during the course of the contract period.

Patient appointment profiles included a mixture of new patient appointments and follow up appointments as agreed between both the service and the host NHS trust.

Clinics ran from 9am to 1pm and 2pm to 5pm but were open to mutual discussion and agreement between the provider and the host NHS trust prior to commencement of the contract.

Outpatients

The host NHS trust notified the provider in writing no less than 14 days prior to the date of the intended clinic of the number of patients booked for a Saturday clinic.

Staff minimised the number of cancelled appointments. Where a clinic was under-booked by the host NHS trust, a review would be triggered when two or more clinics with two or more empty slots occurred. In the event a clinic was significantly under booked, the trust could choose to cancel the clinic and rearrange for an alternative date. The host NHS trust had responsibility to notify the patients and re-book the clinic.

There was a centralised appointment team who managed the theatre waiting lists. Patients were categorised in line with national guidance depending on clinical priority and those waiting longest. Complex patients were avoided for Saturday lists due to the reduced clinical support available at weekends.

We spoke with patients who said they were satisfied with the speed of appointments and waiting times were kept to a minimum, and they were always informed if the clinics were running late.

The impact of COVID-19 and the lockdowns in March 2020 and January 2021 were clearly visible from data with activity ceasing completely. Outpatient clinics had resumed in October 2021 and data for the period from October 2021 to May 2022 showed there were 339 outpatient appointments, of which 180 were new appointments and 159 follow-up appointments.

Surgical activity for the same period showed there were theatre lists on four Saturdays in February, March and May.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Patients said they felt they could raise concerns with the clinical staff they met. Most patients told us if any issues arose, they would talk to the consultant or senior nurse available.

The service clearly displayed information about how to raise a concern in patient areas. Information about making complaints was available in the clinic we visited. Leaflets were available and information could be accessed on the host NHS trust website with links about how to resolve concerns quickly and how to make a complaint.

Staff understood the host NHS trust's policy on complaints and knew how to handle them. There were policies and processes to appropriately investigate, monitor and evaluate patient's complaints.

There had been no complaints during the previous year.

All staff we spoke with were aware of the complaints system and the service provided. They were able to explain what they would do when concerns were raised by patients. They said they would always try to resolve any concerns as soon as they were raised, but should the patient remain unhappy, they would be directed to the manager or the host NHS trust's complaints' process.

Outpatients

Managers shared feedback from complaints with staff and learning was used to improve the service. Every complaint and concern would be reviewed to identify the issues raised by the complainant to ensure learning and continuous improvement.

Are Outpatients well-led?

Good 

This was the first time we inspected and rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills, knowledge, experience and integrity to run the service. The leadership consisted of the registered manager who was supported by the clinical manager for trauma and orthopaedics from the host NHS trust.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. They had the right skills and abilities to run the service providing high quality and sustainable care. The consultants and nursing team were an experienced and strong team with a commitment to the patients who used the service, and to their staff and each other. It was an integrated and strong team with an emphasis on providing consistent and high-quality care.

The team were knowledgeable and passionate about the service and actively worked to improve delivery of care. They were visible and available to staff, and we heard about support for all members of staff in the clinic.

Staff told us leaders were visible and approachable. They felt able to openly discuss issues and concerns with senior staff and their managers. They believed they would be listened to, and actions taken when necessary if anything needed to change or be addressed.

Staff were supported to develop their skills and competencies within their roles. We received consistently positive feedback from staff who had a high regard and respect for their managers.

All staff we met said they felt valued and part of the team and were proud to work in the team. They felt supported by their manager and their colleagues.

It was optional for all consultants working in the host NHS trust to become a member of the partnership. Recruitment procedures had been established and operated effectively in accordance with Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consultants were invited to attend an interview and other members voted on their appointment at monthly meetings. An individual's character was assessed for the purposes of paragraph 3 of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and a set of values including quality and sustainability. The vision, values and strategy had been developed in collaboration with the host NHS trust. There were ambitious plans and recovery trajectories to increase activity to reduce waiting lists for the coming year.

Services had been planned to meet the needs of the relevant population. Progress against delivery of the strategy was monitored and reviewed with the host NHS trust.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt supported, respected, valued and were positive and proud to work in the organisation. There were cooperative, supportive and appreciative relationships among staff. Staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively. The team provided support to each other. It was clear their work was important to them and they felt passionate about their contribution to care and were committed to improving the health of local patients.

The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff said learning and action taken was shared when a never event, serious incident, or near miss occurred.

There were mechanisms through the host NHS trust for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations through.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Staff were aware they could raise concerns about patient care and safety, or any other anxieties they had with the host NHS trust's Freedom to Speak Up Guardian. Staff said they were encouraged to speak up and felt comfortable about raising any concerns.

Staff were aware of the host NHS trust's whistleblowing policies and procedures and felt able to approach managers to raise any concerns or suggestions and were confident they would be listened to and action taken.

Governance

Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. There was a clear performance management reporting structure with monthly governance meetings with the host NHS trust looking at operational performance. This included a review of referral to

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treatment times (RTT) and the recovery plan, incidents reported, mortality and morbidity, complaints, audit, infection control, risks identified on the risk register and risk management. The registered manager attended the monthly governance meetings which were led by the host NHS trust's clinical service lead. The meetings were minuted and the actions required were monitored through an action tracker.

Staff at all levels were clear about their responsibilities, roles and accountability within the governance framework.

An extensive set of policies was readily available on the host NHS trust's intranet and was supported by standard operating procedures and processes.

There was a service level agreement with Somerset NHS Foundation Trust which was reviewed regularly. The agreement had recently been extended and signed with an agreement to deliver a Saturday outpatient clinic per month and two all day Saturday theatre lists per month.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation was part of the host NHS trust's assurance systems and performance issues were escalated through clear structures and processes.

There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. The service took part in the host NHS trust's audit programme and evidence of improvements or trends were monitored. Performance data and quality management information was collated and examined to look for trends, identify areas of good practice, or question any poor results.

Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. The service was included in the host NHS trust's risk register which clearly identified individual risks and the action taken to mitigate the risks. The position was monitored at monthly meetings. There was alignment between recorded risks and what staff said was 'on their worry list'. These included clinic space following the loss of clinic, staffing, capacity and orthopaedic geriatric provision.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings with the host NHS trust.

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Staff had access to information they required to provide good patient care. Staff used electronic systems to manage patient information and to gain access to information about results of investigations such as blood tests.

All staff had access to the host NHS trust's intranet, which contained the information and guidance for staff to carry out their duties. Staff we spoke with were familiar with the intranet and knew where to find the information they needed.

There were clear service performance measures, which were reported and monitored with effective arrangements through the host NHS trust to ensure the information used to monitor, manage and report on quality and performance was accurate.

There were arrangements to ensure data or notifications were submitted to external bodies as required through the host NHS trust's systems. Lessons were learned when there were data security breaches.

Engagement

Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

People's views and experiences were gathered and acted on to shape and improve the services and culture. Patients were encouraged to complete the NHS friends and family test and there were notices on consulting room doors with a QR code with access to the test. A snapshot survey had also been taken where patients were asked to complete a feedback form with a range of smiley faces to indicate their satisfaction with the visit. Results were unanimously positive.

Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture. Staff told us they felt engaged, informed and up to date with what was happening within the clinics and the wider host NHS trust. Information was shared through different forums. These included emails and staff huddles. The clinical service manager emailed staff after the Saturday clinics for their feedback.

Staff said they were encouraged to speak up and voice their suggestions and solutions. One issue concerning some staff was the lack of a staff rest room and changing areas in the outpatient department.

Staff had access to health and wellbeing services through the host NHS trust. There were informal reflective debrief sessions and counselling services were available through the occupational health service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes.

Learning from internal and external reviews was effective and included those related to mortality or death of a person using the service.

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There were systems through the host NHS trust to support improvement and innovation work, data systems, and processes for evaluating and sharing the results of improvement work. This included a virtual triage service and virtual fracture clinics. The service had been nominated for different national awards for innovation such as the Health Investor Award.