The Royal Orthopaedic Hospital NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

The Royal Orthopaedic Hospital NHS Foundation Trust is a small, specialist teaching hospital offering planned orthopaedic surgery with 135 beds. The trust provides services to the city of Birmingham with a population of around 1,073,045 and nationally from Cornwall to Scotland. Patient care is delivered by specialist teams and other clinical professionals who look after patients with complex bone and joint disorders. The trust provides services such as joint replacement, spinal work and bone tumour treatment as well as orthopaedic and oncology treatment to children under 16.

The trust became a foundation trust in 2007 and the senior management team and there have been significant changes to the trust board in the last 12 months including a new chair and chief executive.

The Royal Orthopaedic Hospital NHS Foundation Trust was selected for inspection as one of the first specialist trusts to be inspected under the CQC's revised inspection approach. It provides surgery, medical care, oncology, rehabilitation, critical care and children and young people's services. We carried out an announced inspection of The Royal Orthopaedic Hospital on 4 and 5 June 2014 and an unannounced visit on 24 June 2014. The Royal Orthopaedic Hospital is the trust's only location.

Overall, we rated the trust as 'requires improvement'. We rated it 'good' for providing effective and caring services, but it required improvement for the services to be safe, responsive and well-led. We rated the core services of medical care, surgery and children and young people's services as 'good' and critical care and outpatient services as 'requires improvement'.

Our key findings were as follows:

- Staff were caring and compassionate and treated patients with dignity and respect.
- Staff followed good infection control practices. The hospital was clean and well maintained and infection control rates in the hospital were low.
- Patients' experiences of care were good and the NHS Friends and Family Test (FFT) results were higher than the national average for all areas. However, people attending for outpatient appointments rarely, if ever, saw the medical staff at their appointed time.
- The number of pressure ulcers, falls and catheter related infections was significantly lower than the England average. The hospital monitored harm-free care in all patient areas, except recently in HDU, and had taken action that was reducing these avoidable harms.
- Medicines were being safely stored and managed in the wards. However, in the outpatient department (OPD) there were concerns relating to the storage and stock control of controlled drugs, where legal requirements were not met.
- Incidents were reported but not all staff received feedback; nor were lessons learned widely shared across the services.
- The high dependency unit (HDU) did not have equipment available to support a deteriorating patient for up to 24 hours or until transfer to another provider's Intensive Care Unit (ICU) was arranged. The trust addressed this immediately and equipment was on site and available within 24 hours of the issue being escalated.
- Ward rounds in the HDU were not routinely undertaken by the on-call consultant anaesthetists at weekends. The trust took action within 24 hours of the information being escalated, although it was noted that senior managers had been aware of this for some time.
- Several senior posts were being covered by interim managers. Recruitment had been ongoing and we saw that external candidates had been appointed to several of the posts and were scheduled to start work in the near future.

We saw several areas of outstanding practice including:

- The Royal Orthopaedic Community Service provided services within a 24.5 mile radius of the hospital to support the early discharge of patients from hospital.
- The trust had established patient pre-assessment clinics for surgery, which were available at the same time as their outpatient appointment.

Summary of findings

- Outreach clinics were held by the ortho- oncologists in Leeds, Sheffield, Manchester, Liverpool, Bristol and Cardiff to improve patient access and avoid patients and relatives or carers having to travel long distances.
- The trust provided pioneering treatments to patients with very complex orthopaedic conditions. Surgeons were using silver coated implants to reduce infection. Other treatments achieving outstanding outcomes for patients included the ITAP (Intraosseous Transcutaneous Amputation Prosthesis) implant to attach prosthetic limbs and the use of motorised extendable implants for children and young people.
- Surgeons were using computer navigation based on importing CT/MRI scans to develop a 3D model to remove tumours of the pelvis to ensure maximum removal and clear margins to reduce incidence of reoccurrence from 25% to 10%.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must ensure:

- Medicines are managed at all times in line with legal requirements.
- Equipment is properly checked and maintained in accordance with electrical safety requirements.
- A chaperone policy is developed and chaperones made available to support patients' privacy and dignity.
- Confidential patient information and records are not left unsupervised in unrestricted public areas of the outpatients department.
- Appointments are organised for all clinics to reduce waiting times for patients and improve their experience in the outpatients department.
- Letters to GPs and other referring bodies are sent out within set timescales to ensure effective communication.

In addition the trust should ensure:

- Resuscitation equipment is routinely checked in accordance with the trust's procedures and records of the checks are kept in outpatients.
- There is managerial oversight of all outpatient services to ensure the efficient and effective operation of the department and to ensure patients' experiences of care are improved.
- Discharge arrangements to facilitate early identification and availability of beds for patients admitted on the day of surgery are improved.
- The implementation of Enhanced Recovery Programmes to reduce patient length of stay in hospital and promote greater patient involvement in their care.
- When the reception desk is closed, there is clear, visible signage to direct patients and visitors from the main entrance to other departments.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Royal Orthopaedic Hospital NHS Foundation Trust

The Royal Orthopaedic Hospital NHS Foundation Trust is a small, specialist teaching hospital offering planned orthopaedic surgery. The trust became a foundation trust in 2007. The trust has 135 inpatient beds comprising seven adult wards and one ward for children which was being refurbished at the time of the inspection and was temporarily based on Ward 11.

The trust provides services to the city of Birmingham with a population of around 1,073,045 and employs around 900 staff across 40 departments of which 65% are full time and 35% are part time. The trust also provides specialist orthopaedic services nationally from Cornwall to Scotland, delivered by specialist teams and other clinical professionals who look after patients with bone and joint disorders. The trust provides services such as joint replacement, spinal work and bone tumour treatment as well orthopaedic and oncology treatment to children under 16.

Our inspection team

Our inspection team was led by:

Chair: Dr Linda Patterson OBE FRCP Consultant Physician, General and geriatric medicine

Head of Hospital Inspections: Siobhan Jordan, Care Quality Commission

Inspection Manager: Sue Walker, Care Quality Commission

The team of 28 included CQC inspectors and analysts and a variety of specialists: consultants in orthopaedic surgery for adults and children, anaesthetics and ortho-gerentology, executive director of nursing, a trust level Chief Executive and board level manager, orthopaedic nurses, paediatric nurse, physiotherapist, occupational therapist, junior doctor and experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place on 4 and 5 June 2014, with an unannounced visit on 24 June. Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. We held focus groups with a range of staff in the hospital, including doctors, nurses, physiotherapists, occupational therapists, pharmacists, administration and clerical staff, porters and domestic staff. We also met with the trust's elected governor representatives and interviewed senior members of hospital staff.

We talked with patients and staff from various areas of the hospital, including the wards, theatre and outpatients department. We observed how patients were being cared for and talked with carers and/or family members and reviewed treatment records of patients. We held a listening event on 3 June 2014 where patients and members of the public shared their views and experiences of the hospital.

We provided 'tell us about your care' comment cards in various waiting areas of the trust to gather patients' views on the care they received.

Summary of findings

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at The Royal Orthopaedic Hospital NHS Trust.

What people who use the trust's services say

We spoke with over 100 people who were using services as patients or as a carer or relative of those using services. We also held a public listening event on 3 June 2014 at Hillscourt Conference Centre in Rednal close to the hospital. Six people joined us to share their views and experiences of the trust. Overall people were very positive about the treatment and care provided in the service however some felt very strongly that communication and administrative functions needed to improve.

From December 2013 to March 2014, the trust performed better than the national average of 73 in the inpatient Family and Friends Test (FFT) scoring 86. The overall response rate to the FFT was 43.9% compared to the national average of 24%.

The Royal Orthopaedic Hospital had 36 reviews on NHS Choices (March 2008 to June 2014) and was rated as 3.5 stars out of 5.

During our inspection 41 comment cards were completed by patients. 78% of the comments were overwhelming positive. Three of the comments described the hospital as the best local hospital. Many of the positive comments noted that nursing staff were helpful, friendly and made patients feel comfortable and that patients were treated with dignity and respect. Negative aspects included waiting times for appointments, being unable to get through on the appointment lines and the sharing of information either in paper format or verbally.

Facts and data about this trust

1. Context

- The trust provides services at one location – The Royal Orthopaedic Hospital in Northfield
- There are 135 beds across 8 wards, one is specifically for children
- Population: the trust treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex or rare conditions
- Staff employed by the trust : 900 as at 31 March 2014
- Annual budget was £71 million 2012/13 and had a surplus of £2.2 million
- The trust provides services such as joint replacement, spinal surgery and bone tumour treatment as well orthopaedic and oncology treatment to children under 16.

2. Activity

- Inpatient admissions: 13,343 (2012-13)
- Outpatient attendances: 74,674 (2012-13)
- Deaths in hospital: 4 (2013/14)

3. Bed occupancy

- General and acute: 77.9% (October–December 2013). This is better than the England average of 85.9%. It is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital when above 85%.
- Adult critical care: 100% January–March 2014, which is higher than England average 85.7%.

4. Intelligent Monitoring

- Safe: Risks = 0 , Elevated Risk = 0, Score = 0
- Effective: Risks = 1 , Elevated Risk = 0, Score = 1
- Caring: Risks = 0, Elevated Risk = 0, Score = 0
- Responsive: Risks = 0, Elevated Risk = 0, Score = 0
- Well led: Risks = 1, Elevated Risk = 0, Score = 1
- **Total:** Risks = 2 , Elevated Risk = 0, Score = 2

Risk: Patient Reported Outcome Measures (PROMs) (EQ-5D score): Knee Replacement (Primary)

Risk: Composite risk rating of ESR items relating to: Staff sickness rates (01/12/2012 – 30/11/2013)

Summary of findings

Complex case mix needs to be considered at a specialist trust

5. Safe:

- No Never Events (serious harm that is largely preventable) were reported by the trust between December 2012 and January 2014
- There were 31 serious incidents reported between December 2012 and January 2014.
- There were 71 incidents on the National Reporting and Learning System (NRLS) between April 2013 and March 2014, in the following categories of harm:
  - Deaths 4
  - Severe harm 11
  - Moderate harm 56
  - Total 71

The trust also reported 235 low harm and 567 no harm incidents.

- For patients suffering from new pressure ulcers, the trust performed better than the England average for seven out of the 12 months (April 2013 to March 2014), including five months where the trust reported no new pressure ulcers. In May 2013 the trust performed 5.3% above the average for patients over 70
- For the number of patients suffering from new venous thromboembolism (VTEs or blood clots), the trust performed better than the England average for 11 out of the 12 months (April 2013 to March 2014), with no VTEs reported in these 11 months.
- For the number of patients suffering from catheter and new urinary tract infections (UTIs), the trust performed better than the England average for 11 out of the 12 months (April 2013 to March 2014), with no catheter and no new UTIs reported in these 11 months.
- For the number of patients suffering falls with harm, the trust performed better than the England average for 10 out of the 12 months (April 2013 to March 2014), with no falls with harm reported in these months. The trust performed 0.5% above the average in November 2013.

6. Effective:

- Hospital Standardised Mortality Ratios (HSMR): No evidence of risk (Intelligent Monitoring) March 2014
- Summary Hospital-level Mortality Indicator (SHMI): No evidence of risk (Intelligent Monitoring) March 2014

7. Caring:

- The CQC inpatient survey has 10 areas and nine apply to the trust: the trust performed better than other trusts in five areas (waiting to get a bed, hospital and ward, doctors, leaving hospital and overall experience) and the same as other trusts for the other four (waiting list and planned admission, nurses, care and treatment, and operations and procedures).
- The Friends Family Test (FFT) inpatient: Above the England average score at 86 with a response rate of 43.9%
- The Cancer patient experience survey has 64 questions: the trust performed better than the England average for 17 questions; average for 16 questions; below the average for 31 questions and was not rated worse than other trusts for any questions.

8. Responsive:

- Cancelled operations: similar to expected.
- Delayed discharges: similar to expected.
- 18-week referral-to-treatment time (RTT): no evidence or risk.

9. Well-led:

- Staff survey 28 questions: the trust performed better than England average for four questions; average for 10 questions; worse than England average for 14 questions.
- Sickness rate of 4.8% (April 2012–March 2013) which is higher than the England average of 4.2%.
- General Medical Council (GMC) training survey: in trauma and orthopaedic surgery, the trust's performance was worse than expected for 'adequate experience', and better than expected for 'regional teaching'.

10. CQC inspection history

- Five inspections since registration in April 2010: December 2011; September 2012: December 2012; June 2013.
- January 2014: The trust was found to be compliant on all the four outcomes inspected at this location.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The hospital was clean and staff followed infection control guidance and protocols. Infection rates were low with no cases of MRSA reported by the trust in the last 12 months. Staffing establishments (levels and skill mix) had been reviewed and set to keep people safe and meet their needs at all times of the day and night. However in some services staffing was not always sufficient to meet the needs of patients at weekends. The inpatient pathway began with pre-assessment, admission and consent processes. There was evidence of appropriate patient risk assessments being carried out and reviewed when the patient status changed. Patient records covered all aspects of care. Prior to and after surgery patients attended outpatients and records were available in over 99.75% of cases. There was a consistent approach in the use of the '5 steps to safer surgical safety' checklist which was used routinely for interventional treatments undertaken in theatre and radiology. There was an inconsistent approach to some aspects of patient safety. There were issues noted with the safe custody and storage of medication in line with legislation. Equipment was not always routinely checked for electrical safety and as part of safety checking mechanisms. There was no appropriate ventilator equipment readily available to support the immediate care and transfer of a patient with a deteriorating condition requiring intensive care support to another hospital. The trust took immediate action to address this issue after we raised concerns with them. We also found some consultant anaesthetists were not routinely carrying out ward rounds in HDU at weekends when they were on-call; again the trust took action to address our immediate concerns. The majority of staff reported incidents. They were investigated and actions were taken, however they were not always learned from to improve safety across the hospital.	**Requires improvement** 
Are services at this trust effective? Overall the outcomes for patients were good however not all care and treatment was based on published guidance. HDU did not use nationally recognised guidelines for adult care, and did not monitor patient outcomes specific to HDU.	**Good** 

Summary of findings

The trust specialises in the treatment of patients with complex orthopaedic problems and achieves some outstanding outcomes using new and pioneering treatments. Due to the specialist services of the trust, national standards or benchmarking of the services is not always comparable. However in the Getting it Right First Time Report the clinical outcomes benchmarked within the national average for example in national joint registry revisions. Some patient outcome data was collected to support the improvement of services and manage the expectations of patients.

In children's and young people services there were routine efforts to identify methods to proactively audit care and surgeons worked with the British Society for Child Orthopaedic Surgery (BSCOS) to benchmark outcomes nationally.

There was a multi-disciplinary approach to care and treatment in most services that involved a range of highly skilled professionals both internal and external to the organisation.

Are services at this trust caring?

Good

Patients and their families were treated with respect and their privacy and dignity was maintained. Staff were responsive to patient's needs although there was a need to inform and provide people in outpatients about chaperone support. The hospital consistently performed higher than the national average in the Friends and Family Test, and the trust patient experience survey achieved very positive patient comments. Throughout the inspection we witnessed respectful, compassionate and caring interactions from all staff groups.

Patients were knowledgeable about their care and rehabilitation and were provided with easy to understand explanations, information and instructions in a variety of formats. Patients received emotional support either as part of their care and rehabilitation or as needed.

Are services at this trust responsive?

Requires improvement

Overall services in the trust required improvement to meet the needs of patients. Outpatient clinics often ran late and delays were seen to be the norm. The trust did not have systems in place to capture information on outpatient clinic performance overall and attendance data was being collected in two clinics as a trial. Clinic letters following consultation were frequently not sent out to patients and GP's for over three weeks and patients reported difficulties in trying to contact the trust to change or make appointments.

Summary of findings

Patients were pre-assessed prior to admission as part of the outpatient appointment process. Patients experienced delays on admission, the waiting area became overcrowded and people complained about the uncomfortable seating. Patients had their surgical procedures and waited in recovery to be allocated a bed.

Discharges were planned but occurred later in the day which contributed to delays for patients in recovery following surgery or transfer in or out of HDU. The trust was aware of the issues and had started a booking system for HDU beds. There were 333 cancellations on the day of admission in the last six months and the trust had reported no issues with readmitting patients within 28 days.

The children and young people's service were responsive to the needs of patients. The service was designed to meet the needs of all children and promoted the flow of patients through the service. The children's ward had been decanted into temporary accommodation while the permanent ward was refurbished. The trust had formal arrangements with a local children's hospital to support the care and treatment from specialist services.

The trust had plans to return to compliance with the 18-week referral to treatment times following a breach at the end of 2013 and a declared risk in the first three months of this year. Patient comments, complaints and concerns were listened to and acted upon within recommended timescales.

Are services at this trust well-led?

Requires improvement

The vision for the trust was to be people's first choice for orthopaedic care by delivering exceptional patient experience and world class outcomes through investment in the education, research and innovation.

The trust board and executive team had been through a significant period of change in the last 18 months. The chief executive had been in post for six months and the chair had taken up post two weeks prior to our inspection.

At a service level staff were well-led in surgery, medicine and children and young people's services however critical care and outpatients required improvements in leadership to improve the quality of the services for patients.

Vision and strategy for this trust

- The leadership team were in the process of developing a new vision and strategy for the trust. The strategy had been

developed in conjunction with staff and stakeholders and was to be the first choice for orthopaedic care by delivering exceptional patient experience and world class outcomes through investment in the education, research and innovation.
- There was support for staff to undertake and lead on research. We saw and were told of numerous research programmes and academic journal articles and case studies based on patients treatment and care. Investment in the IT infrastructure was needed to support the research agenda.
- The trust has set quality improvement priorities for 2013-14 including reducing incidents of patient harm, reducing surgical site infection rates for hip and knee surgery and to improve patient waiting times in outpatients.
- There was a recognition that activity needed to be managed throughout the year to address waiting list priorities.

Governance, risk management and quality measurement

- Governance and risk management systems needed to be strengthened to ensure risks and issues were captured and mitigated. The risk management strategy was out of date by 2 years.
- There were risk registers in each of the services however these were not always kept up to date.
- The board assurance framework was in place and was reviewed by the board. The chair reported it to be a true reflection of the information seen by the clinical governance committee.
- Clinical governance structures had been partially suspended pending a review of the governance processes in the trust.
- The board were assured that quality measures were in place by reviewing patient experience reports, patient outcome data and talking with patients on executive walkabouts.
- The trust was financially secure and investment in infrastructure projects such as IT systems was a priority.

Leadership of trust

- The trust leadership had gone through a challenging period resulting in an almost complete change in the board membership. The new leadership team is led by the chief executive who came into post in December 2013 and the chair in May 2014. The director of nursing was made substantive in April 2014 after an interim six month period and the medical director was appointed in February 2013.
- The leadership team had been focussed on 'winning the hearts and minds' of staff to repair relationships and build trust. There was a need for the team to move to the next stage and focus on service design and delivery to benefit the patient experience.

Summary of findings

- The Non–executive directors (NEDs) supported the executive team and provided challenge in moving the organisation forward.
- The leadership were honest about the vision and future for the service and the challenges facing a small specialist hospital. The incoming chair was keen to build relationships with the wider Birmingham health economy.

Culture within the trust

- There was a legacy of staff discontent and disempowerment following previous change programmes that were perceived to have been poorly implemented.
- Staff focus groups were well attended and the majority of staff were positive about working in the trust.
- The consultant focus group was positive and supportive of the trust and leadership team.
- Staff described the trust as a good, friendly place to work, with supportive teamwork. They frequently used the word 'family' to describe the hospital, staff and patients. They cared about its reputation, their colleagues, and the patients they cared for.
- There were a number of staff who felt the 'family' analogy prevented an honest and open culture to challenge long established practices and behaviours.
- Staff were involved in fund raising for their services to improve patient's lives while in hospital. We were impressed that one committed member of staff had raised in excess of £90K.
- The 2013 NHS staff survey results showed staff were supported through appraisal and training, bullying and harassment was noted to be above the national average in one area. Staff felt dissatisfied with the quality of care they were able to provide, support from immediate managers and recommending the trust as a place to work or receive treatment. Action was being taken to address the bottom five results in the survey.
- The leadership team were aware of the need to promote and drive a change in the culture, build confidence in the approaches to quality and safety and to become a more customer focussed and outward facing organisation.

Public and staff engagement

- The CQC adult inpatient survey 2013 identified that the trust performed better than other trusts in obtaining the views and experiences of patients on the quality of their care.
- A patient experience group had been re-established in outpatients to help develop and improve patient experience in the trust.

Summary of findings

- The Council of Governors had a core membership to represent local communities and staff interests. They attended public board meetings but had not had formal meetings with the trust for over 12 months.
- Key stakeholders reported working well with the trust to ensure patient's needs were put first.
- People attending the listening event and completing comment cards were proud to have the hospital as a local service.
- The trust carried out a public, staff and stakeholder event to develop the new vision and strategy for the trust.
- The leadership team carried out walkabouts to engage with staff and patients.
- Staff reported the trust leadership were "not that visible" in such a small hospital.
- There were regular emails and bulletins sent out by the chief executive to update staff on key issues in the trust.

Innovation, improvement and sustainability

- order to improve patient outcomes.
- Innovative operations and treatments were undertaken to improve patient's lives.
- The trust has a strong financial position with a £2.2m surplus in 2012-13. Planned capital investment in IT was a priority to support patient safety, governance, risk and research functions.
- There was a Monitor cost improvement programme (CIP) of £3m to be offset by increased growth and increasing private patient income. We noted the trust activity had decreased over the last two financial years as had private patient activity.
- We were told financial pressures and savings were managed to prevent an impact on the quality of care. However we were also told quality impact assessments specific to the CIP had not been signed off by the clinical executive leads. The trust had submitted compliance statements as required to Monitor to confirm that the Board will ensure that Quality Impact Assessments are developed, scrutinised and approved.

Overview of ratings

Our ratings for The Royal Orthopaedic Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Requires improvement	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Inadequate	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for The Royal Orthopaedic Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The Royal Orthopaedic Community Service provided services within a 24.5 mile radius of the hospital to support the early discharge of patients from hospital.
- The trust had established patient pre assessment clinics for surgery which were available at the same time as their OPD appointment.
- Outreach clinics were held by the ortho- oncologists in Leeds, Sheffield, Manchester, Liverpool, Bristol and Cardiff to improve patient access and avoid patients and relatives or carers having to travel long distances.
- The trust provided pioneering treatments to patients with very complex orthopaedic conditions. Surgeons were using silver coated implants to reduce infection. Other treatments achieving outstanding outcome for patients included the ITAP (Intraosseous Transcutaneous Amputation Prosthesis) implant to attach prosthetic limbs and the use of motorised extendable implants for children and young people.
- Surgeons were using computer navigation based on importing CT/MRI scans to develop a 3D model to remove tumours of the pelvis to ensure maximum removal and clear margins to reduce incidence of reoccurrence from 25% to 10%.

Areas for improvement

Action the trust MUST take to improve

The trust must ensure:

- Medicines are managed at all times in line with legal requirements.
- Equipment is properly checked and maintained in accordance with electrical safety requirements.
- A chaperone policy is developed and chaperones made available to support patients' privacy and dignity.
- Confidential patient information and records are not left unsupervised in unrestricted public areas of the outpatients department.
- Appointments are organised for all clinics to reduce waiting times for patients and improve their experience in the outpatients department.
- Letters to GPs and other referring bodies are sent out within set timescales to ensure effective communication.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. People who use services were not protected from the risks associated with the unsafe management of medicines because controlled drugs were not checked in accordance with legislation. Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment. People who use services were not protected from the use of unsafe equipment as electrical safety checks were not routinely undertaken. Regulation 16 (1)(a) HSCA 2008 (Regulated Activities) Regulations

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Compliance actions

The registered person must ensure that patient records which may be in paper or electronic form are kept securely. Regulation 20 (2)(a) HSCA 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The provider did not have systems in place to monitor the quality of services in OPD. Regulation 10(1)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving service users The registered person must, so far as reasonably practicable, make suitable arrangements to ensure the dignity, privacy and independence of service users. Regulation 17(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving service users