

# Royal National Orthopaedic Hospital NHS Trust

## Inspection report

Brockley Hill  
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2018  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

The Royal National Orthopaedic Hospital NHS Trust (the RNOH) is a specialist orthopaedic hospital located in Greater London. It has two locations, one in Stanmore and another (an outpatient only facility) in Bolsover Street located two minutes away from Great Portland Street Tube station.

RNOH consider themselves to be the largest orthopaedic hospital in the United Kingdom (UK), and a leader in the field of orthopaedics both in the UK and world-wide.

The RNOH is a major teaching centre and around 20% of orthopaedic surgeons in the UK received training there.

Outpatient services are provided at both the Stanmore site and at the central London outpatient assessment centre in Bolsover Street. In addition to general orthopaedics, they have specialist clinics dealing with bone tumours, scoliosis, metabolic disease, rheumatology, urology, spinal injuries, specialist shoulder conditions and sports injuries.

Inpatient facilities are provided at the Stanmore location where they have 220 inpatient beds on 13 wards. The hospital has 10 operating theatres and three recovery areas of 14 beds in total with five dedicated to paediatrics. Patients requiring special monitoring after surgery are accommodated in either the high dependency unit, or intensive care unit, which had 12 beds.

In October 2016 RNOH commenced some redevelopment work in recognition of the fact that their estate was very old. In July 2018 they completed phase one of that work. This new building will provide new wards for adult surgery, a children's ward and a private patients ward.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

The trust provides a comprehensive range of neuro-musculoskeletal health to patients across the UK, including acute spinal injury, complex bone tumour treatment, orthopaedic medicine and specialist rehabilitation for chronic pain. Additionally, the RNOH cares for children and young people and offers services and interventions for a range of complex orthopaedic conditions.

The trust does not provide accident and emergency or maternity services at either location.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We use a risk based approach to determine which core services to inspect. This inspection was unannounced, in accordance with our published methodology.

As part of the inspection, we reviewed information supplied by the trust and other national data and information that is available to us. We also considered any comments or concerns made directly to the Commission by members of the public or staff.

We carried out an unannounced inspection of a total of four core services on 30, 31 October 2018 and 1 November 2018 at the Stanmore Hospital and Bolsover Street. We returned to review the leadership of the trust on 27, 28 and 29 November 2018. The core services which we inspected were surgery, medicine, children and young people's services and outpatients.

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated safe as requires improvement and effective, caring, responsive and well led as good.
- We rated well-led at the trust level as good.
- The ratings for both locations improved from requires improvement to good.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

### Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- Mandatory training completion rates across the core services were low amongst medical and nursing staff and did not meet the trust minimum standard of 95% completion.
- In medicine, there were gaps in fire safety management, training and procedures in some areas.
- We found some unmitigated risks related to fire safety management in medicine and surgery.
- We found examples where staff in medicine did not always report incidents, categorise them appropriately or share learning widely.
- In medicine, staff described significant pressures resulting from a persistent shortage of nurses.
- In children and young people's services the incident reporting culture was still variable. Some staff felt that not all incidents were reported or responded to appropriately.
- In children and young people's services staff were unable to show us a deteriorating child policy or pathway on the trust intranet. However, staff we spoke with were able to articulate escalation processes and we saw evidence of this in records we reviewed.
- In children and young people services, safeguarding supervision had still not yet been fully implemented.
- In surgery, we found records for checks of resuscitation equipment on Jackson Burrows were not complete. We also found the trolley was blocked in with various pieces of equipment.

# Summary of findings

- In surgery, performance on national early warning scores audits was sometimes poor.
- In medicine, nurse vacancies, turnover rates and sickness rates were higher than trust targets.

However,

- There was evidence of thorough investigations and root cause analyses following incidents, which led to improvements in practice and training.
- The trust had introduced a new electronic staff planning tool to help ward managers establish the safe number of nurses required to deliver each shift. The system escalated potential shortfalls to senior divisional staff for action.
- In medicine, medical staff vacancies, turnover and sickness rates met or exceeded trust targets. Doctor cover was consistent on medical wards and each patient had a named consultant and junior doctor, which contributed to consistency of care.
- Equipment was managed in line with manufacturer and trust guidelines and the estates team provided an on-call service to address equipment failure.
- In surgery incident reporting had improved and both ward staff and theatre staff were encouraged to report incidents and near misses.

## Are services effective?

Our rating of effective went down. We rated it as good because:

- In surgery, we rated effective outstanding.
- In all other core services including surgery we found that staff delivered care that was evidence-based on the latest national and international research knowledge.
- Multidisciplinary working was embedded in all aspects of care, assessment and treatment. Specialists in multiple specialties and professional roles coordinated care, including extended role therapists, psychologists and highly specialised nurses.
- The consultant-led pain management team worked extensively with other medical specialties to provide assessment and care to patients with highly complex needs.
- From May 2017 to April 2018 both elective and non-elective patients had a lower than expected risk of readmission based on national averages.
- Services had implemented development pathways to enable staff to build advanced clinical competencies and achieve promotional roles in the trust.
- Leaders monitored the effectiveness of care and treatment through continuous local and national audits.
- The hospital delivered a full inpatient service for surgical services over seven days with timely access to diagnostics such as computerised tomography (CT) and ultrasound scans.
- Staff were aware of the requirements and their responsibilities as set out in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Across paediatrics, there were examples of staff supporting patients and those close to them to manage their own health.

However,

# Summary of findings

- Documentation of nutritional risk assessments in the spinal cord injury centre (SCIC) was not always consistent and indicated a need for greater attention to detail to keep them up to date.
- At our last inspection in May 2014 we told the trust they should consider expanding seven-day working, particularly of therapies services. This had been piloted and found to deliver no improvement in patient outcomes. However, patients and relatives noted the impact they felt from not having a seven-day service and the closure of an inpatient ward had worsened this.
- In services for children and young people, a nutrition initiatives re-audit in April 2017 showed that paediatric wards underperformed in the audit which assessed the recording of information on the malnutrition screening tool.

## Are services caring?

Our rating of caring went down. We rated it as good because:

- In medicine, we found that care was outstanding.
- In all other core services including medicine we found that staff consistently demonstrated highly compassionate, individualised care tailored to each person's needs and feelings.
- All staff delivered emotional support to patients, both on request and when they intuitively knew a patient needed this.
- Staff involved patients and those close to them in decisions about their care and treatment. Parents told us nurses and doctors always involved them in care plans and decisions about their child's care.
- Staff recognised that long-term chronic pain often resulted in high levels of depression and anxiety and were skilled in using evidence-based communication strategies to address this.
- In medicine, relatives told us the rehabilitation programme was challenging and they had seen significant improvements in the outcomes and abilities of patients as a result.

However,

- Patients and relatives in the spinal cord injury centre (SCIC) noted the impact of persistent short staffing in the nursing team.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- In medicine, we found responsiveness was outstanding.
- Specialist teams worked across medical inpatient services and developed their services to meet the changing needs of patients and to reflect changes in practice.
- Dedicated reintegration practitioners and case managers worked with community liaison colleagues to plan complex discharges.
- Staff at all levels demonstrated a focus on patient's social care needs, particularly those who were affected by long-term chronic pain. Ward teams ensured relatives were made to feel welcome and provided facilities to facilitate longer stays, such as washing machines and access to a nearby hotel.
- In services for children and young people, there was now a dedicated children's outpatient unit and this was not the case at the previous inspection.
- In children and young people's services, referral to treatment times were consistently good at 94% compliance.

# Summary of findings

- There was a paediatric clinical psychologist and child and adolescent psychiatrist who provided a range of services and clinics including bereavement counselling.
- The play team in children and young people's services used a model MRI scanner to show children what happened during an MRI scan to help alleviate any anxieties and fears and this had significantly reduced the number of children under the age of 12 requiring a general anaesthetic for a scan.
- A new inpatient unit had been built and addressed some of the concerns we had about the estate at the previous inspection.
- The trust delivered a broad range of surgical services including a number of highly specialist services including highly complex orthopaedic surgery.
- In outpatients (both locations) the service took account of the needs of patients and provided a range of clinics to meet the needs of patients from across a wide geographical area.
- Service managers in outpatients were acting to address clinical capacity and reduce late starting and late running clinics as well as the prevalence of patients missing their appointments.

However,

- There was still limited provision for children with learning disabilities, autism, sensory and behavioural needs. However, the trust was looking into implementing learning disabilities training for staff and appointing a learning disabilities nurse.
- It was not clear if plans regarding a connecting covered indoor corridor leading to theatres from children's inpatients would also apply to the child's journey from theatres to the children's high dependency unit
- The outpatients service at both locations operated Monday to Friday only and did not provide weekend or out-of-hours clinics. However, the trust told us it had trialled weekend services but there was limited demand for this service from patients.
- The 'Did Not Attend' (DNA) rate at Bolsover Street was slightly higher than the England average.
- Between 2016/17 to 2017/18, the percentage of cancelled operations at the trust was sometimes higher than the England average.
- During the last inspection of surgery, we found information was only available in English unless requested. We found this was still the case during this most recent inspection.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Divisional leadership structures were clear to all staff and worked well in governance, performance management and quality monitoring.
- Staff commented positively on changes that had been made since the change to a divisional structure. Staff said that the leadership used to be very clinician-led and that now nursing staff had a greater voice.
- The trust engaged with children and young people and had involved them in the design of the new children's inpatient facility.
- Across the core services we found highly dedicated staff who were very positive, knowledgeable and passionate about their work.

# Summary of findings

- Overall, senior leaders and managers had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- Research development was a key aspect of the trust's vision and strategy and the research and innovation centre (RIC) team were working with staff, patients and the NHS National Institute of Health Research to identify opportunities for expansion.
- Governance structures reflected the research-active nature of clinical work and medical specialties and therapies services represented their work at divisional, board and trust level.
- Divisional governance leads maintained oversight of clinical governance and quality through a series of committees and working groups within a defined structure. These were new roles introduced to ensure governance was consistent.

However,

- There was a need for broad improvements in fire safety on site and in surgical and medical care areas. Staff did not have practical fire or evacuation training and there were no fire wardens in place. Emergency access to the spinal cord injury centre was significantly hindered by uncontrolled car parking.
- Although the trust had facilitated improvements in the working culture, results from the staff survey indicated more work was needed.
- Clinicians involved in research described limited opportunities for sharing their learning and outcomes with colleagues in other specialties and described this as a key area for improvement in the future.
- The culture in children's services still appeared unsettled. Some staff reported that pockets of bullying still remained.
- Although most staff in surgery told us there was good rapport between them and managers, theatre staff told us they did not feel listened to and were not sufficiently represented in decision making within the division.
- In children's services, some staff felt management was top-down and felt they were not always consulted when decisions were made.
- In surgery, there were some safety issues which the leadership had not mitigated, such as poor infection prevention and control practice and mandatory training.
- In outpatients (Bolsover Street), staff felt that the leadership team based at the main location in Stanmore rarely visited the Bolsover Street location.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in medicine, children and young people services, outpatients (Stanmore), and surgery.

For more information, see the Outstanding practice section in this report.

# Summary of findings

## Areas for improvement

We found areas for improvement where the trust should take action in order to make improvements. However, we did not think that these areas of improvement constituted a breach of Health and Social Care Act 2008 regulations.

For more information, see the Areas of improvement section of this report.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### In Medicine

The research and innovation centre (RIC) team had organised a sandpit event to build multidisciplinary team (MDT) working strategies and skills. The event involved staff from different specialties, such as medical students, doctors and engineers, and engaged them in problem solving exercises. The exercise demonstrated the value of MDT collaboration and RIC staff participants had applied learning to their usual roles.

The trust was part of Health Education England's Capital Nurse programme, which aimed to stabilise and improve nurse staffing in London. The hospital was the first site to receive a Quality Mark for their work in improving and maintaining nurse staffing.

Staff in all specialties continually sought out opportunities to develop the research profile of their service and worked to establish external relationships to support this. For example, therapies staff secured monthly visits from a higher education academic to work with them on research projects, which had recently resulted in new hip care rehabilitation precautions for patients who had undergone surgery.

The allied health professional (AHP) team had significantly improved research outputs from no publications to over 30 in the space of five years. The team had implemented the National Institute for Health Research (NIHR) clinical academic pathway, which improved governance and structure. The research teams were exploring more integrated use of technology in their services, including remote clinics via digital video software.

A nurse-led clinical education team delivered a programme of training and study opportunities to staff across medical services. This included mentor study days and preceptor awareness sessions in addition to clinical specialty days. The team was in the process of adapting and developing practice assessments to ensure on-going compliance with Nursing and Midwifery Council changes. The team supported education groups, which were made up of a range of individual staff and met periodically to identify what they wanted to achieve from study days. Educators had secured funding for a mobile simulation trainer, which enabled them to carry out simulation training with staff on each ward. This helped to improve access to training as it meant staff did not need to leave their usual area of work.

The education team had written and published a clinical pocket reference book, covering a wide range of orthopaedic nursing care including managing deteriorating patients. This resulted from learning from an incident and provided a quick-reference, easy-to-read guide for nurses. This was evidence of the commitment of the team to responding robustly to areas of need in training and education.

AHP therapies teams held an annual clinical audit and research forum. This had grown as more staff became involved in research and audit and the senior team implemented a competitive entry process for the first time in 2018. The forum included 22 posters and presentations from AHPs that reflected the diverse range of research and audit in the division.



# Summary of findings

## **In Outpatients (Stanmore location)**

Services managers had been invited to present their clinical utilisation model to other trusts around the country as an example of good practice.

## **In Surgery**

The service demonstrated good patient outcomes for patients undergoing complex surgical procedures.

## **In Services for children and young people**

A play specialist had designed and developed a miniature model MRI scanner with the hospital's clinical engineering team to help children understand what happens during an MRI scan. The model made noises like that of a real scanner and played recordings of what scanning technicians were likely to say. Children could use dolls to simulate a scan procedure. This helped alleviate children's fears and anxieties and had significantly reduced the number of children requiring general anaesthetic when undergoing MRI scans. In 2017, of the 43 children aged under 12 requiring an MRI scan, 37 children underwent the scan without general anaesthetic by being supported by the play specialist team using the model MRI scanner.

## Areas for improvement

### **Action the service SHOULD take to improve**

#### **Medicine**

- Improve compliance with mandatory training for medical and nursing staff.
- Implement standardised practices across clinical services in the use of the electronic patient records system so that clinicians always have access to patient information.
- Establish significantly improved fire safety and risk management processes and training, including the establishment of key fire warden roles.
- Improve how staff understand, report and learn from incidents to ensure these processes are more consistent.
- Implement a system to provide assurance of oversight in relation to missed doses and delayed doses of prescribed medicines.

#### **Services for children and young people**

- Improve compliance with mandatory training for medical and nursing staff especially for paediatric immediate life support.
- Ensure formal safeguarding supervision is fully implemented for staff in children's services.
- Continue to review band 5 and 6 staffing levels to ensure correct staffing levels for the acuity and dependency of patients are maintained.
- Ensure pain is reviewed and recorded in patients' notes including review of patient controlled analgesia.
- Improve provision for children with learning disabilities, autism, sensory and behavioural needs.

#### **Surgery**

- The trust should take steps to ensure compliance with mandatory training including safeguarding training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.

# Summary of findings

- The trust should take steps to improve fire safety within the department so patients are not put at risk.
- The surgical wards should display the NHS safety thermometer for staff or patients to view.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

## Outpatients (Stanmore)

- The service should consider providing reception staff with dedicated customer service and conflict resolution training.
- The trust should consider a seven-day service.

## Outpatients (Bolsover Street)

- The trust should review arrangements for the leadership's attendance to and visibility at the Bolsover Street location.
- The trust should consider a seven-day service.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led for the organisation as good because:

The trust had a clear vision and strategy, and delivery of this was underpinned by the VAL-YOU values. The VAL-YOU campaign was part of the trust's effort to make the hospital the best place to work in the NHS. The VAL-YOU campaign was launched in 2016. The values included putting patients first, excellence in all we do, trust, honest and respect for each other, and equality for all.

Senior leaders told us staff were expected to work towards these values every day. Staff were aware of the trust values and understood their roles in ensuring these values underpinned their work daily.

The executive team were widely experienced and each had a broad portfolio of responsibility. From our conversations with them, it was evident that they were each suitably skilled, and were able to discharge their duties with competence and integrity.

The non-executive directors comprised of six individuals of varying backgrounds and experience (including the chair). Individual responsibilities amongst the non-executive directors included chairing the following committees and groups: finance committee, audit committee, quality committee, chair of people and culture committee. The non-executive directors were provided with training and support to fulfil the obligations of their roles.

Through our conversations and our review of trust board papers, we found the non-executives had a sufficient level of involvement and influence as part of the overall leadership of the trust and clearly understood the challenges the trust faced.

The chair of the trust was additionally the chair of the quality committee, and we considered this to be a conflict of interest given that the quality committee reported to the board, the trust should consider reviewing this.

# Summary of findings

The trust had a current fit and proper persons policy and checks were in place. We reviewed the files of all executive and non-executive directors and found they contained evidence of relevant checks, however the files were disorderly and information was difficult to find.

Staff told us that the executive team were visible and approachable. The chief executive was well liked and respected amongst staff we spoke to. Nursing staff told us that the chief nurse was supportive, providing strong leadership and guidance.

At our last inspection in May 2014, we told the trust it must focus on culture and behaviours of staff to address instances of bullying, areas of unsupportive leadership and negative working environments. During this inspection all the staff we spoke with said they had experienced a significant improvement in the working atmosphere and environment. We also told the trust they should improve staff awareness of the employee assistance programme (EAP). The trust had addressed this and at this inspection information on the programme was available.

The Workforce Race Equality Standard showed that the trust had made improvements since the introduction of this standard in 2015 but that there are still areas for improvements.

At the previous inspection and through information we had received, there had been some evidence of bullying, however at this inspection it was found that staff acknowledged that this had improved, but we identified some pockets of bullying during our core service inspection.

Amongst the consultant body, there had been some challenging behaviours by senior medical staff, which did not meet the values of the trust. The current medical director had challenged these behaviours and held individuals to account for their behaviours.

Managers encouraged an open culture to reporting incidents without blame. We conducted a review of incidents and complaints and saw evidence that the trust was committed to and responded appropriately to the statutory duty of candour. Where an incident met the requirement of the duty of candour we saw evidence that the trust met the regulatory requirements.

The Board met monthly and included both a private board and a public board on the same day, following guidance on trust board meetings. There were effective governance structures and processes in place at board and committee level. Roles and responsibilities were well understood and there were clear and explicit terms of reference for all committees. However the trust should consider reviewing the chair of the quality committee post.

The executive directors held performance review meetings with the operational leadership team, who in turn held performance reviews with divisions. These meetings were where the core business of the trust was discussed on a regular basis with quality, risk, financial and operational performance scrutinised directly through the committee structure without the need for additional executive oversight.

The internal audit annual report for 2017/18 concluded that the trust had an adequate and effective framework for risk management, governance and internal control.

The board assurance framework (BAF) gave confidence to management and the board that they had a broad and deep understanding of how the trust was performing and the key strategic risks.

The main risks facing the trust were the trust's deficit position, workforce vacancies and estates redevelopment and were articulated by the senior team managers we spoke to and aligned with those in the BAF.

The trust had an effective system for the management of safety alerts and information regarding safety alerts was distributed via the trusts intranet and email.

# Summary of findings

Incidents were reported at the trust using an online incident reporting system which utilised several stages to ensure that all steps in the process were complete before the incident could be closed. The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts.

The executive lead for safeguarding was the director of nursing, quality & patient experience. Named professionals were in post and acted on the executive leads behalf to ensure all necessary measures were taken to safeguard children and adults.

Information governance systems were in place including confidentiality of patient records. The trust had a senior information risk officer (SIRO) who was responsible for overseeing the management of information risks and incidents within the organisation. A 'Caldicott Guardian' was also in place who was responsible for the management of sensitive patient information. Several other staff were assigned to oversee other aspects of information management, such as freedom of information requests.

Through feedback from staff, staff surveys, focus groups and research, the charter of values and behaviours appeared to be embedding well. On the whole staff, felt supported by managers, felt positive about senior leaders, felt valued, had opportunities to develop and considered that they made a difference to patients.

A patient group was established to ensure understanding of patient experience was considered when developing services.

Communication with stakeholders and other regulators was good and it was recognised that the trust worked hard to foster clear and open relationships.

We reviewed complaint files during the inspection and found they had clear documentation and investigations were comprehensive and involved the clinicians in the area which the complaint was about. The response to the complainant was personalised, detailed and showed what actions if any the trust was taking.

A learning from deaths review panel had been established however the mortality rate at the RNOH was low, both compared with other NHS providers and compared with the expected number of deaths for the trust, risk adjusted for case mix complexity. Each of the deaths (two reviewed) in the preceding year had been appropriately reviewed, and provided the RNOH with an opportunity to understand the learning from all deaths that occurred.

The trust was involved in academic research studies. Surgeons were given dedicated research time and the trust were encouraging more nurse-led research.

The trust was actively participating in clinical research studies. Staff at the trust continued to be involved in national and international studies for example in genetic bone disorders and hip interventions for children with cerebral palsy.

The trust had contributed to pioneering work looking at the use of 3D printing in orthopaedics. This involved 3D printing models of patients' anatomy for surgical training, and 3D printing titanium implants for patients with bone defects.

However,

During the core service inspection, concerns were raised in relation to fire safety. Senior divisional staff said they held occasional mock or practice fire and evacuation drills. However, there was no evidence of this and the trust's fire safety adviser told us evacuation drills were rare and the trust no longer provided practical fire extinguisher training for staff. This was not in line with Department of Health guidance on fire safety and procedures in Health Technical Memorandum 05-01. The fire safety adviser had scheduled fire drills but said these had been cancelled due to pressures on the service. After the inspection we wrote to London Fire Brigade to request an assessment by them. We also requested information from the trust detailing a response to our concerns. The trust has agreed to review its fire safety management.

## Summary of findings

Although staff said the electronic patient records system worked well for daily clinical observations, they said it was often difficult to find key information and told us different interpretations of the electronic filing systems for patient records and different departmental standards across clinical services contributed to this, which wasted time and had an impact on patient safety.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal National Orthopaedic Hospital (Stanmore)	Requires improvement ↔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
Royal National Orthopaedic Hospital (Bolsover Street)	Good ↔ Mar 2019	N/A	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
<b>Overall trust</b>	Requires improvement ↔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Royal National Orthopaedic Hospital (Stanmore)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↓ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↓ Mar 2019
Surgery	Requires improvement ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↓ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
Critical care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Services for children and young people	Requires improvement ↔ Mar 2019	Good ↓ Mar 2019	Good ↔ Mar 2019	Good ↑↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Requires improvement ↔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Royal National Orthopaedic Hospital (Bolsover Street)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good ↔ Mar 2019	N/A	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# The Royal National Orthopaedic Hospital (Stanmore)

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## Key facts and figures

The Royal National Orthopaedic Hospital NHS Trust (the RNOH) is a specialist orthopaedic hospital located in Greater London. It has two locations, one in Stanmore and another (an outpatient only facility) in Bolsover Street located two minutes away from Great Portland Street Tube station.

RNOH consider themselves to be the largest orthopaedic hospital in the United Kingdom (UK), and a leader in the field of orthopaedics both in the UK and world-wide.

The RNOH is a major teaching centre and around 20% of orthopaedic surgeons in the UK received training there.

Outpatient services are provided at both the Stanmore site and at the central London outpatient assessment centre in Bolsover Street. In addition to general orthopaedics, they have specialist clinics dealing with bone tumours, scoliosis, metabolic disease, rheumatology, urology, spinal injuries, specialist shoulder conditions and sports injuries.

Inpatient facilities are provided at the Stanmore location where they have 220 inpatient beds on 13 wards. The hospital has 10 operating theatres and three recovery areas of 14 beds in total with five dedicated to paediatrics. Patients requiring special monitoring after surgery are accommodated in either the high dependency unit, or intensive care unit, which had 12 beds.

In October 2016 RNOH commenced some redevelopment work in recognition of the fact that their estate was very old. In July 2018 they completed phase one of that work. This new building will provide new wards for adult surgery, a children's ward and a private patients ward.

## Summary of services at The Royal National Orthopaedic Hospital (Stanmore)

Good  

Our rating of services improved. We rated it them as good because:

We rated safe requires improvement and effective, responsive, caring and well led as good.

- Medicine went down to good from outstanding.



# Summary of findings

- We rated outpatients as good. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.
- Services for children and young people went up to good from requires improvement.
- Surgery remained at the same rating of good.

# Medical care (including older people's care)

Good ● ↓

## Key facts and figures

The trust operates across two sites: Stanmore (Inpatient and outpatient services) and Bolsover Street (outpatient services). The medical care service at Stanmore Hospital provides care and treatment for back pain, spinal cord injury, histopathology, rehab, Spinal Cord Injury Centre (SCIC) & urology, chronic pain & medicine, neurophysiology therapies, chronic pain management, neuromodulation, prosthetics & orthotics, rheumatology & metabolic/ rare bone disease, sport & exercise medicine.

There are 67 medical inpatient beds located across three wards; Angus McKinnon Ward, the Spinal Cord Injury Centre and the Jubilee Rehabilitation Ward.

*(Source: Routine Provider Information Request)*

The trust had 3,082 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 91 (3.0%), 511 (16.6%) were elective, and the remaining 2,480 (80.5%) were day case.

Admissions for the top three medical specialties were:

- Pain management - 1,610
- Metabolic unit - 696
- Rheumatology - 398

*(Source: Hospital Episode Statistics)*

At the time of our inspection Angus McKinnon was closed. We inspected the Jubilee Rehabilitation Ward (JRW), the SCIC and inpatient and rehabilitative therapies services.

## Summary of this service

Our rating of this service went down. We rated it as good because:

- Staff had improved systems to assess and respond to patient risk to ensure they reflected the highly complex needs of some individuals. These included the provision of on-call emergency teams, the use of electronic monitoring tools and improved staff training.
- Allied health professional therapists led rehabilitation programmes and had key roles in care and treatment planning and delivery. Rehabilitative care was evidence-based and teams worked to incorporate the latest knowledge and leading-edge research outcomes into care planning.
- Consultants and pharmacists had developed an active programme of prescription reduction for opioids and aimed to manage pain whilst reducing community-related dependence.
- Specialist services worked closely together to coordinate care as part of a well-established multidisciplinary approach to assessment and treatment for patients living with highly complex and often rare conditions.
- From May 2017 to April 2018, patients had a lower than expected risk of readmission for elective admissions and a lower than expected risk of readmission for non-elective admissions when compared to the national average.

# Medical care (including older people's care)

- Staff actively sought out research opportunities that had the potential to lead to improved patient experience and outcomes. Clinical services were clearly research-focused and there was substantial support in place for staff to develop research that had potential to improve care for their patients and knowledge amongst clinical teams.
- Staff had completed extended training to help them communication with patients with a range of complex emotional needs. This included using evidence-based strategies to de-escalate challenging situations and to provide meaningful, effective support to patients experiencing depression and anxiety.
- Multidisciplinary teams planned extensive involvement exercises with patients and relatives to understand their expectations of care and rehabilitation. This was part of a broader approach to individualised communication that promoted self-confidence and empowerment amongst patients.
- A range of specialist clinical services worked across the hospital and provided individual care planning and reviews to patients with complex and often rare conditions. For example, the hospital was the UK's only centre for treating Ehlers-Danlos syndrome and a specialist metabolic medicine team delivered research-based care for patients with rare bone diseases.
- Rehabilitation plans were established on a long-term basis and in most cases for life. Allied health professionals worked with patients to implement plans to patients to use at home based on facilities accessible to them.
- The trust had established a wide range of engagement opportunities and activities for staff, patients and their carers and relatives. This included forums, events and feedback exercises.

However, we also found areas for improvement:

- Staff described significant pressures resulting from a persistent shortage of nurses.
- Staff described aggression, verbal abuse and violence as a key daily concern when delivering care. Although senior teams had implemented a range of policies and improved training to address this, it remained a recurring theme amongst incidents.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for admitted pathways for medicine was better than as the England average for seven months and worse for the remaining five months.

We last inspected medical care services in May 2014. We told the trust it must:

- Focus significantly on culture, values and behaviours of staff.
- Ensure learning from incidents is shared widely.

We told the trust it should:

- Consider the impact of opioid prescribing on older patients in relation to delirium and confusion.
- Develop the service across seven days.
- Ensure staff are aware of the employee assistance programme.

At this inspection we found the trust had addressed most issues. There had been testing and exploration of expanded seven-day working with some improvement in provision. There was a need for further improvement in the reporting of and learning from incidents

## Is the service safe?

**Requires improvement**  

# Medical care (including older people's care)

Our rating of safe went down. We rated it as requires improvement because:

- There were significant staffing shortages in medicine. However, the trust had taken action by temporarily closing a ward, to ensure that adequate staffing resources were available on the ward that remained open.
- Nurse vacancies, turnover rates and sickness rates were higher than trust targets.
- Compliance with mandatory training completion rates was very low amongst medical and nursing staff. These staff groups did not meet the trust minimum standard of 95% completion in any module, including safeguarding, in which more than four staff were eligible, with some completion rates significantly below this. Doctors had a 54% completion rate of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training.
- There were gaps in fire safety management, training and procedures in some areas and the trust did not follow Department of Health fire safety guidance in Health Technical Memorandum 05-01.
- We found examples where staff did not always report incidents, categorise them appropriately or share learning widely. This meant there was a lack of assurance divisional teams had oversight of incidents and associated risks.

However, we also found areas of good practice:

- Safeguarding practices were embedded in care and staff demonstrated good levels of knowledge and understanding and had taken action to change practice following learning from incidents.
- Staff maintained consistent standards of cleaning, infection control and hygiene and demonstrated compliance with trust policies through on-going audits.
- Equipment was managed in line with manufacturer and trust guidelines and the estates team provided an on-call service to address equipment failure.
- Staff had significantly improved consistent use of the national early warning scores (NEWS) system to assess and respond to patient risk. Out of hours procedures were well established to obtain urgent medical attention, including a medical emergency team, an on-call cardiac arrest team and a critical care outreach team. Allied health professional therapists were trained to manage deteriorating patients during rehabilitation.
- The trust had introduced a new electronic staff planning tool to help ward managers establish the safe number of nurses required to deliver each shift. The system escalated potential shortfalls to senior divisional staff for action.
- Medical staff vacancies, turnover and sickness rates met or exceeded trust targets. Doctor cover was consistent on medical wards and each patient had a named consultant and junior doctor, which contributed to consistency of care.
- Standards of nursing documentation were consistently good and audits demonstrated over 95% compliance with trust standards.
- There was evidence of thorough investigations and root cause analyses following incidents, which led to improvements in practice and training. This included an improvement in the provision of safety equipment in therapies gyms and more advanced training to recognise patient deterioration.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

# Medical care (including older people's care)

- Staff delivered care that was evidence-based on the latest national and international research knowledge. Where there was little existing benchmark data for patient outcomes, staff sought out opportunities to research the condition and work with international partners to develop more understanding. Dedicated audit teams led a continual programme involving multidisciplinary teams to identify good practice and opportunities for improvement.
- Multidisciplinary working was embedded in all aspects of care, assessment and treatment. Specialists in multiple specialties and professional roles coordinated care, including extended role therapists, psychologists and highly specialised nurses.
- Staff were developing the Stanmore nursing assessment of psychological status (SNAP) to benchmark and improve patient outcomes in psychological care. This would provide clinicians with a more robust framework to deliver psychological treatment alongside physical rehabilitation.
- Staff had a demonstrable impact on wider clinical care for patients who received specialist, long-term treatment. This included through the provision of on-call, out of hours advice for local healthcare providers when patients needed to see a GP or attend an emergency department.
- The consultant-led pain management team worked extensively with other medical specialties to provide assessment and care to patients with highly complex needs.
- A multidisciplinary team, including a case manager and allied health professionals, began discharge planning and community reintegration immediately after admission. This included goal-setting exercises and practical planning for adaptations at home.
- From May 2017 to April 2018 both elective and non-elective patients had a lower than expected risk of readmission based on national averages.
- Services had implemented development pathways to enable staff to build advanced clinical competencies and achieve promotional roles in the trust. For example, healthcare assistants had access to significantly improved learning and development pathways. All clinical staff had undertaken training in motivational interviewing and health coaching and a dedicated education and health coaching nurse provided targeted opportunities for development.
- Psychologists led weekly psychosocial ward rounds and worked with wider medical teams to ensure care and treatment plans met both physical and psychological needs.

However, we also found areas for improvement:

- Documentation of nutritional risk assessments in the spinal cord injury centre was not always consistent and indicated a need for greater attention to detail to keep them up to date.
- At our last inspection in May 2014 we told the trust they should consider expanding seven-day working, particularly of therapies services. This had been piloted and implemented for some aspects of care where it was found to enhance patient care but not in others where it was found to not be appropriate to enhance patient outcomes. However, patients and relatives noted the impact they felt from perceiving there was not always a seven-day service and the closure of an inpatient ward had worsened this.

## Is the service caring?

**Outstanding**   

Our rating of caring stayed the same. We rated it as outstanding because:

# Medical care (including older people's care)

- Staff consistently demonstrated highly compassionate, individualised care tailored to each person's needs and feelings.
- All staff delivered emotional support to patients, both on request and when they intuitively knew a patient needed this. Staff were opportunistic in this approach and embedded appropriate emotional support in their clinical treatment, including during rehabilitation exercises in the gym.
- Staff recognised that long-term chronic pain often resulted in high levels of depression and anxiety and were skilled in using evidence-based communication strategies to address this.
- A team of volunteers provided companionship and recreational support to patients, such as helping them with nail care and hair care. This team also spent mealtimes with patients and supported them to eat and facilitated the time as a social experience.
- Relatives told us the rehabilitation programme was challenging and they had seen significant improvements in the outcomes and abilities of patients as a result.
- Patient confidence-building and empowerment were key principles embedded by staff in all elements of care delivery and teams used this as a strategy to ensure patients were emotionally and psychologically prepared for discharge.
- Staff worked to extended strategies to ensure patients and relatives understood care plans and were involved in care and treatment. This included the pre-admission period when a dedicated outreach team to discuss their expectations and identify likely outcomes of treatment.
- Where patients refused to adhere to their treatment and rehabilitation plan, staff worked with them to establish mutual expectations. This demonstrated the highly interactive and reflexive nature of care delivery amongst the team.

However, we also found one area for improvement:

- Patients and relatives in the spinal cord injury centre noted the impact of persistent short staffing in the nursing team.

## Is the service responsive?

**Outstanding**   

Our rating of responsive stayed the same. We rated it as outstanding because:

- The average length of stay for elective and non-elective care was significantly higher than national averages, which reflected the highly specialised, long-term nature of rehabilitation programmes. Patients remained attached to a doctor for life after beginning a rehabilitation programme and attended significant follow-up appointments as part of on-going care.
- Specialist teams worked across medical inpatient services and developed their services to meet the changing needs of patients and to reflect changes in practice.
- Dedicated reintegration practitioners and case managers worked with community liaison colleagues to plan complex discharges, including identifying adaptations needed to patient's homes and training for their carers and relatives.
- A rehabilitation outreach team established patient's needs in advance of admission and planned with clinical colleagues to ensure physical and psychological needs could be met. This included extensive work with the pharmacy, allied health professional therapists and pain management teams to establish treatment plans.

# Medical care (including older people's care)

- Spinal injury patients had provided feedback that they needed more support in relation to sexual health and staff had established small support groups to address their concerns and challenges.
- Patients had access to a hydro-therapy pool, a specialist inpatient gym and facilities on-site provided by a private health and fitness organisation. Therapists identified similar facilities near to patient's area of residence to ensure they could adhere to their home rehabilitation plan after discharge.
- Staff at all levels demonstrated a focus on patient's social care needs, particularly those who were affected by long-term chronic pain. Ward teams ensured relatives were made to feel welcome and provided facilities to facilitate longer stays, such as washing machines and access to a nearby hotel.
- The service had responded to a shortage of nurses by temporarily closing Angus McKinnon ward and providing six beds in the spinal cord injury centre. This ensured the service could continue to meet patient's needs without compromising safety.
- The pain management team accommodated patients receiving long-term treatment in a nearby hotel. This helped to increase capacity and safely meet demand.
- Service teams held meetings and forums to review complaints or concerns, which provided a responsive approach to addressing minor concerns without the need to make a formal complaint

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Divisional leadership structures were clear to all staff and worked well in governance, performance management and quality monitoring. Meeting and review processes resulted in safety and care assurance and improvements to care.
- Research development was a key aspect of the trust's vision and strategy and the research and innovation centre (RIC) team were working with staff, patients and the NHS National Institute of Health Research to identify opportunities for expansion.
- Governance structures reflected the research-active nature of clinical work and medical specialties and therapies services represented their work at divisional, board and trust level.
- Divisional governance leads maintained oversight of clinical governance and quality through a series of committees and working groups within a defined structure. These were new roles introduced to ensure governance was consistent.
- The trust had significantly improved resources to support staff including with access to psychological and emotional support and a wide-ranging employee assistance programme. This represented an improvement from our findings in May 2014.
- Individual services and wards developed their own vision and strategies to supplement the overarching trust development plan. This meant staff used their detailed knowledge of patient and service needs to develop future plans.
- Working culture had significantly improved and divisional teams had addressed gaps in leadership. Senior teams had implemented a range of initiatives to address persistent staff shortages in some areas and
- Staff understood the principles of the duty of candour, including their responsibilities following an incident or complaint.

# Medical care (including older people's care)

- Divisional and service teams used risk registers to identify and track risks to their services. Each risk had an accountable person or team who documented mitigating factors and maintained an up to date assessment of the risk.
- Staff developed strategies to support their teams and maintain strong team-working dynamics, which could be affected by patients who displayed aggression. This included increasing the depth of the pre-screening process to ensure patients understood the nature of the service and ensure staff planned for individualised support.
- There was a demonstrable focus across all services to engage with patients, their relatives and carers to shape the service and drive improvements.

However, we also found areas for improvement:

- There was a need for broad improvements in fire safety on site and in medical care areas. Staff did not have practical fire or evacuation training and there were no fire wardens in place. Emergency access to the spinal cord injury centre was significantly hindered by uncontrolled car parking.
- Some clinicians had identified an unmitigated risk with the electronic patient records system that meant medical entries were not consistently logged.
- Although the trust had facilitated improvements in the working culture, results from the staff survey indicated more work was needed. Staff indicated they often felt pressured to work when they were unwell and therapies staff noted frequent verbal abuse and aggression from patients as a key stressor in their daily work.
- Clinicians involved in research described limited opportunities for sharing their learning and outcomes with colleagues in other specialties and described this as a key area for improvement in the future.

## Outstanding practice

The research and innovation centre (RIC) team had organised a sandpit event to build multidisciplinary team (MDT) working strategies and skills. The event involved staff from different specialties, such as medical students, doctors and engineers, and engaged them in problem solving exercises. The exercise demonstrated the value of MDT collaboration and RIC staff participants had applied learning to their usual roles.

The trust was part of Health Education England's Capital Nurse programme, which aimed to stabilise and improve nurse staffing in London. The hospital was the first site to receive a Quality Mark for their work in improving and maintaining nurse staffing.

Staff in all specialties continually sought out opportunities to develop the research profile of their service and worked to establish external relationships to support this. For example, therapies staff secured monthly visits from a higher education academic to work with them on research projects, which had recently resulted in new hip care rehabilitation precautions for patients who had undergone surgery.

The allied health professional (AHP) team had significantly improved research outputs from no publications to over 30 in the space of five years. The team had implemented the National Institute for Health Research (NIHR) clinical academic pathway, which improved governance and structure. The research teams were exploring more integrated use of technology in their services, including remote clinics via digital video software.

A nurse-led clinical education team delivered a programme of training and study opportunities to staff across medical services. This included mentor study days and preceptor awareness sessions in addition to clinical specialty days. The team was in the process of adapting and developing practice assessments to ensure on-going compliance with Nursing



# Medical care (including older people's care)

and Midwifery Council changes. The team supported education groups, which were made up of a range of individual staff and met periodically to identify what they wanted to achieve from study days. Educators had secured funding for a mobile simulation trainer, which enabled them to carry out simulation training with staff on each ward. This helped to improve access to training as it meant staff did not need to leave their usual area of work.

The education team had written and published a clinical pocket reference book, covering a wide range of orthopaedic nursing care including managing deteriorating patients. This resulted from learning from an incident and provided a quick-reference, easy-to-read guide for nurses. This was evidence of the commitment of the team to responding robustly to areas of need in training and education.

AHP therapies teams held an annual clinical audit and research forum. This had grown as more staff became involved in research and audit and the senior team implemented a competitive entry process for the first time in 2018. The forum included 22 posters and presentations from AHPs that reflected the diverse range of research and audit in the division

## Areas for improvement

Areas we told the trust they SHOULD improve:

- Implement standardised practices across clinical services in the use of the electronic patient records system so that clinicians always have access to patient information.
- Establish significantly improved fire safety and risk management processes and training, including the establishment of key fire warden roles.
- Improve how staff understand, report and learn from incidents to ensure these processes are more consistent.
- Implement a system to provide assurance of oversight in relation to missed doses and delayed doses of prescribed medicines.

Good   

## Key facts and figures

The Royal National Orthopaedic Hospital operates across two sites; Stanmore (inpatient and outpatient services) and Bolsover Street (outpatient services). The trust has nine surgical wards with 91 beds dedicated to surgical patients. All beds for this service are on the Stanmore site.

The trust has many specialty services as listed below:

- The foot and ankle reconstruction unit specialises in the management of a wide range of foot and ankle problems including sports injuries, arthritis and deformity. A multi-disciplinary team (MDT) approach to care provision is taken.
- The trust is a UK tertiary centre for the treatment of complex peripheral nerve injuries. Services include highly complex brachial plexus nerve repair and nerve transplantations in both infants and adults. The unit also deals with nerve tumours in the upper and lower limbs.
- The upper limb unit covers all aspects of shoulder and elbow surgery, including routine and complex primary arthroplasty, revision arthroplasty, prosthetic joint infections, instability, and rotator cuff dysfunction.
- The surgery unit at the trust is a referral hub for primary and revision elbow replacements, and also has a large primary and revision shoulder replacement practice. The arthroplasty practice includes the management of prosthetic joint infections and has well-established pathways for the treatment of infected shoulder and elbow replacements.
- The spinal surgical unit at the trust includes one of the largest spinal deformity services in Europe. Referrals to this service come from throughout the UK and internationally. Specialist spinal surgeons treat a wide variety of patients from simple to very complex problems.
- Joint reconstruction unit provides a range of services, including cartilage transplantation, hip reconstruction (primary hip replacement, revision hip surgery, hip reconstruction, joint revision, osteotomy, knee reconstruction).
- The sarcoma service is one of five designated centres in the country which specialises in the care and treatment of patients with bone and soft tissue cancers. Treatment includes bespoke endo-prostheses, bone transportation and bone grafting and the trust is a leading authority in limb salvage.

The trust had 13,138 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 237 (1.8%), 7,751 (59.0%) were day case, and the remaining 5,150 (39.2%) were elective.

We inspected The Royal National Orthopaedic Hospital on an unannounced visit on 30th October to the 1st November 2018. We visited all surgical areas including all inpatient wards, main theatres (which included three separate recovery areas totalling 14 beds, of which five were dedicated to paediatrics), and pre-operative assessment clinics.

We spoke with 25 patients including relatives. We observed care and treatment and looked at a sample of 20 patient records. We also spoke with 54 staff including allied healthcare professionals (AHPs), nurses, health care assistants (HCAs), doctors in training, consultant anaesthetists and surgeons, ward and theatres managers, senior and lead nurses, members of the senior management team and divisional managers. We reviewed and used information provided by the organisation in making our decisions about the service.

# Surgery

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- During our last inspection we found incident reporting was not encouraged across all surgical areas. During this inspection, we found this had improved and both ward staff and theatre staff were encouraged to report incidents and near misses.
- During this inspection we found medicines and controlled drugs were stored securely in the clinical areas and operating theatres. Fridge temperatures were appropriately recorded and monitored.
- Since the last inspection the department had embedded the use of the World Health Organisation (WHO) surgical checklist for interventional treatments undertaken in theatre and radiology.
- The trust had clearly defined and embedded processes to keep people safe from abuse and staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- We found the trust had implemented the national early warning score (NEWS) to effectively assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating.
- The service demonstrated effective internal and external multidisciplinary (MDT) working.
- People using the trust's surgical services were treated with dignity and respect.
- Patients told us they felt listened to by health professionals, and felt informed and involved in their treatment and plans of care.
- The service was responsive to the needs of people using it and had adapted to meet the diverse needs of the community it served.
- There was good medical leadership within the department and a good culture for scrutinising surgical cases.

However,

- Not all staff were practicing appropriate infection prevention and control practice. We saw some staff did not wash their hands between patients and were not bare below the elbows. Hand hygiene performance was poor in some areas and we saw no action plans in place to address this.
- Although the trust had clearly defined and embedded processes to keep people safe from abuse and staff demonstrated an understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns, compliance for safeguarding adults and children training was poor and below the trust target of 95%, for both nursing and medical staff.
- In theatres we found theatre doors were not fitted with smoke seals and corridors were used for the storage of flammable material. The storage area was cluttered and filled with boxes. In the event of a fire this could pose a significant risk for the safe evacuation of patients and staff. However, the storage area was not part of the fire evacuation route.
- Fire safety training had poor compliance across the department.
- During this inspection we found some surgical wards did not display the NHS safety thermometer information for staff or patients to view.
- During this inspection, staff told us about issues regarding allocation of theatre time for surgeries. Staff said managers did not consider the time in anaesthetics which could impact theatre flow.

# Surgery

- Senior leaders and managers of the surgical service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions. However, we did find some risks the department had not mitigated. For example, the theatre doors not fitted with smoke seals.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Not all staff were practicing appropriate infection prevention and control practice. We saw some staff did not wash their hands between patients and were not bare below the elbows. Hand hygiene performance was poor in some areas and we saw no action plans in place to address this.
- Although the trust had clearly defined and embedded processes to keep people safe from abuse and staff demonstrated an understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns, compliance for safeguarding adults and children training was poor and below the trust target of 95%, for both nursing and medical staff.
- In theatres we found theatre doors were not fitted with smoke seals and corridors were used for the storage of flammable material. The storage area was cluttered and filled with boxes. In the event of a fire this could pose a significant risk for the safe evacuation of patients and staff. However, the storage area was not part of the fire evacuation route.
- We found records for checks of resuscitation equipment on Jackson Burrows were not complete. We also found the trolley was blocked in with various pieces of equipment.
- During this inspection we found some surgical wards did not display the NHS safety thermometer information for staff or patients to view.
- Staff we spoke with demonstrated a good knowledge and understanding of patient risk. National early warning score (NEWS) were used effectively to assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating. However, performance on NEWS audits was sometimes poor.

However,

- During our last inspection we found incident reporting was not encouraged across all surgical areas. During this inspection, we found this had improved and both ward staff and theatre staff were encouraged to report incidents and near misses. Senior staff within the surgery service understood their responsibilities for duty of candour and were able to describe giving feedback in an honest and timely way when things have gone wrong.
- During our last inspection we found the trust did not use the nationally recommended early warning score for monitoring changes in a patient's condition. During this inspection, we found this had improved as the trust had implemented the national early warning score (NEWS) to effectively assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating.
- At the last inspection we found the World Health Organization (WHO) surgical safety checklist was not fully embedded. Theatre staff now completed the appropriate safety checks before, during, and after surgery.
- During our last inspection, we were told there was no orthopaedic medical cover based on site out of hours. During this inspection, we found the service had improved the onsite orthopaedic medical cover for out of hours with eight consultants who provided orthopaedic medical cover on call and remote support (off-site) from an orthopaedic senior doctor in training.

# Surgery

## Is the service effective?

**Outstanding**   

Our rating of effective stayed the same. We rated it as outstanding because:

- We reviewed a sample of trust policies and found they were within date and appropriately referenced current good practice and national guidelines. We saw staff use the intranet and access the relevant documents with ease.
- There was effective multidisciplinary team (MDT) working both internally and externally to support patients' health and wellbeing.
- There were effective processes to ensure patient's pain relief needs were met.
- Service leaders monitored the effectiveness of care and treatment through continuous local and national audits.
- The department demonstrated good patient outcomes for patients with complex orthopaedic problems. The department produced an outcome annual review paper in order to demonstrate patient outcomes within the hospital.
- Nurses told us they were actively encouraged to apply for development opportunities and told us study days were factored into the rota.
- The hospital delivered a full inpatient service for surgical services over seven days with timely access to diagnostics such as computerised tomography (CT) and ultrasound scans.
- Staff supported patients to manage their own health and wellbeing; ensuring patient's nutritional needs were met.
- All patients we spoke with said they had been given information about the benefits and risks of their surgery before they signed the consent form. We saw evidence in patient records, which showed the consent process had been completed in full, signed and dated appropriately.
- Staff were aware of the requirements and their responsibilities as set out in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

However:

- The appraisal rate for some staff groups such as medical and nursing staff did not meet the trust's target of 92%.

## Is the service caring?

**Good**  

Our rating of caring went down. We rated it as good because:

- Patients and relatives we spoke with consistently told us about the kindness of the staff across the surgery division.
- We observed good interaction by all grades of staff with patients and saw excellent interactions between therapy staff and patients.
- People using the trust's surgical services were treated with dignity and respect.
- Patients had noticed that staff were very busy but told us staff always had time to be patient, kind and helpful.

# Surgery

- Patients we spoke with felt involved in their care and expressed confidence in their care teams. Patients felt involved in the decision-making process of their care.
- All of the patients we spoke with told us staff encouraged patients to mobilise post operation as soon as possible.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Patients were still pre-assessed for surgery at an outpatient appointment.
- The trust delivered a broad range of surgical services including a number of highly specialist services including highly complex orthopaedic surgery.
- Discharge was completed with the multi-disciplinary team on the wards, which included the patient, specialist nurses and social workers.
- The trust had a chaplaincy service available in the hospital, which provided a multi-faith service for patients and their families reflecting the range and diversity of faiths within the local population.
- Psychological support was available for patients with mental health support needs as staff could refer patients to the mental health liaison team.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was generally better than the England average.
- From August 2017 to July 2018, the RTT rates for urology, neurosurgery and trauma and orthopaedics were better than the England average.

However,

- Between 2016/17 to 2017/18, the percentage of cancelled operations at the trust was sometimes higher than the England average.
- During the last inspection, we found information was only available in English unless requested. We found this was still the case during the inspection.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Senior leaders were focused on improving engagement with theatre staff. For example, theatre staff were invited to mini focus groups with the divisional operations director as part of the communication improvement programme.
- The staff on surgical wards we met told us they felt cared for, respected and listened to by their peers and managers.
- Managers told us they recognised their staff for their dedication and commitment through the staff awards.
- The service had highly dedicated staff who were very positive, knowledgeable and passionate about their work.

# Surgery

- Senior leaders and managers of the surgical service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The trust provided some highly specialist and innovative surgical services.

However:

- There were some safety issues which the leadership had not mitigated, such as poor infection prevention and control practice, mandatory training and fire safety.
- Although most staff told us there was good rapport between them and managers, theatre staff told us they did not feel listened to and were not sufficiently represented in decision making within the division.

## Outstanding practice

The department demonstrated good patient outcomes for patients undergoing complex surgical procedures.

## Areas for improvement

We found areas for improvement in this service.

- The trust should take steps to ensure compliance with mandatory training including safeguarding training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.
- The trust should take steps to improve fire safety within the department so patients are not put at risk.
- The surgical wards should display the NHS safety thermometer for staff or patients to view.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

# Services for children and young people

Good  

## Key facts and figures

Royal National Orthopaedic Hospital cares for children and young people from all over the United Kingdom (UK). The specialist orthopaedic trust offers children and young people with services and interventions for a range of conditions, including:

- Cerebral palsy - including a multidisciplinary team approach
- Limb lengthening service including Ilizarov work
- Management of the young adult hip
- Ponseti method for correction of congenital talipes equinovarus (CTEV) or club foot deformity
- Positional foot deformities
- Upper limb surgery
- Antenatal counselling following diagnosis of congenital limb deformities – particularly club foot, scoliosis etc
- Sarcoma
- Peripheral nerve injury
- Scoliosis surgery
- Paediatric spinal injury rehabilitation

The service has a dedicated children's outpatient unit which has five consultation rooms with clinic support and nursing staff, for paediatricians and paediatric surgeons to see paediatric patients.

Children's outpatient clinics include clinics for hips, knees, ankles, psychology, paediatric pre-assessment, spinal, dietitian, clinical nurse specialist paediatric clinic, rheumatology, bone disease, phlebotomy and dressings.

The children's service cares for children and young people from the age of six months to 18 years of age. The children's inpatient ward consists of Coxen ward and the adolescent unit which are interlinked and located together in the same building. Coxen ward and the adolescent unit consists of 26 beds including two single ensuite rooms and an additional three side rooms for private patients. Coxen ward cares for patients aged from six months to 12 years of age and consists of bed bays and cot spaces. The adolescent unit cares for children aged 13 to 18 years of age.

The children's high dependency unit is a four bedded level 2 unit providing care for children requiring more intensive observation, treatment and nursing care than is possible in a general ward. Acute ventilated patients and children requiring additional specialist care are stabilised and transferred to a neighbouring paediatric intensive care unit using children's acute transport services (CATS).

A hospital school provides educational support for children of school age and enables children and young people to continue their education while having treatment in hospital.

The children's inpatient ward is scheduled to move to a new children's facility in the Royal National Orthopaedic Hospital's newly built hospital building. We visited the new children's inpatient facility which included spacious bed bays, facilities for parents, patients and siblings as well as a children's gym to aid rehabilitation.



# Services for children and young people

We visited children and young people's services over three days during our unannounced inspection on the 30 October to 1 November 2018. We visited Coxen ward, the adolescent unit, the children's outpatient unit and the children's high dependency unit. We also visited the children's wards in the new hospital building which were not yet in use.

We reviewed seven patient care records and observed care provided. We spoke with five parents, two patients and 33 members of staff including nurses, paediatricians, play specialists, physiotherapists, pharmacists and administrative staff. We also reviewed the trust's performance data and looked at trust policies for paediatrics.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- There was good multidisciplinary working within children's services. Records demonstrated input from a full clinical team including allied health professionals such as physiotherapists.
- The service delivered care in line with national clinical guidance. Staff had access to policies and procedures based on national guidance on the trust intranet.
- Equipment we checked were clean and had now been serviced and calibrated regularly.
- The service had 24-hour paediatric consultant cover seven days a week which met the Royal College of Paediatric and Child Health standards.
- There was now a dedicated children's outpatient unit.
- There were two separate paediatric recovery areas which provided children and young people with a dedicated space away from adult patients after surgery. Since the last inspection the number of paediatric trained recovery nurses had been increased from two to three in the paediatric theatre recovery area.
- The service now had paediatric trained nurses in pre-assessment clinics.
- Consent was sought and clearly recorded in patients' notes.
- Staff were passionate about their work and focused on delivering child-centred care. Feedback from patients and families was consistently positive.
- The play team used a model MRI scanner to show children what happened during an MRI scan to help alleviate any anxieties and fears. The use of the scanner had significantly reduced the number of children under the age of 12 requiring a general anaesthetic for a scan.
- The service had a service level agreement with a local mental health trust which provided support for children with pre-existing mental health conditions. There was a paediatric clinical psychology and child and adolescent psychiatrist who provided a range of services and clinics including bereavement counselling.
- The service had clinical nurse specialists who supported children in their transition from children's to adult services.
- Referral to treatment times were consistently good at 94% compliance.
- The new facility for children's inpatients which would be functional before the publication of this report had been designed with children, young people and their families in mind. Improvements included a dedicated playroom for younger children, age neutral designs, a connecting covered indoor corridor to theatres and facilities for parents and siblings including a baby feeding room and fully accessible toilets.

# Services for children and young people

- Staff commented positively on changes that had been made since the change to the divisional structure. Staff said that the leadership used to be very clinician-led and that now nursing staff had a greater voice.

However:

- Mandatory training levels for medical staff remained low and it was not clear how the divisional leaders planned to monitor and increase completion rates. Mandatory training levels for paediatric immediate life support for both nursing and medical staff were particularly low.
- Staff were able to articulate escalation protocols for deteriorating patients and the use of paediatric early warning score (PEWS) which we saw in records we reviewed. However, staff were unable to show us the deteriorating child policy or pathway on the trust intranet. The trust later sent through a deteriorating child pathway which detailed the correct actions for staff to take in the case of a deteriorating child. The trust also took immediate steps during the inspection to ensure staff were familiar with the pathway by sharing it in the trust's 'message of the week' system.
- There was a high level of nursing vacancies especially for band 5 and 6 paediatric nurses. However, the trust was taking measures to manage bed capacity to ensure that staffing levels were correct for the acuity and dependency of patients.
- Safeguarding supervision had still not yet been fully implemented in the service.
- Five of the seven records we reviewed did not contain pain reviews including review of pain for children using patient controlled analgesia.
- There was still limited provision for children with learning disabilities, autism, sensory and behavioural needs. There was no dedicated learning disability nurse or champion for children's services. However, the trust was looking into implementing learning disabilities training for staff and appointing a learning disabilities nurse.
- The service used evidence based tools to screen for malnutrition. A nutrition initiatives re-audit in April 2017 showed that paediatric wards underperformed in the audit which assessed the recording of information on the malnutrition screening tool.
- The culture in children's services still appeared unsettled. Some staff reported that pockets of bullying still remained and felt management did not always consult them when decisions were made.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Mandatory training levels for medical staff remained low and it was not clear how the divisional team planned to monitor and increase completion rates.
- Mandatory training levels for paediatric immediate life support for both nursing and medical staff were low.
- Staff were able to articulate escalation protocols for deteriorating patients and the use of paediatric early warning score (PEWS) which we saw in records we reviewed. However, staff were unable to show us the deteriorating child policy or pathway on the trust intranet. The trust later sent through a deteriorating child pathway which detailed the correct actions for staff to take in the case of a deteriorating child. We also viewed the operational policy for the children's high dependency unit. The trust also took immediate steps during the inspection to ensure staff were familiar with the pathway by sharing it in the trust's 'message of the week' system which was sent out to staff and discussed at clinical handovers.

# Services for children and young people

- Medical handovers were relayed verbally and not recorded formally which meant that there was no audit trail of the discussion.
- There was a high level of nursing vacancies especially for band 5 and 6 paediatric nurses. However, to mitigate this, the service used agency staff and adult trained nurses who were supervised by paediatric nurses.
- The incident reporting culture was still variable. Some staff felt that not all incidents were responded to appropriately.
- Safeguarding supervision had still not yet been fully implemented in the service.

However:

- Equipment we checked were clean and had now been serviced and calibrated regularly.
- The service had 24 hour paediatric consultant cover seven days a week which met the Royal College of Paediatric and Child Health standards.
- There were two separate paediatric recovery areas which provided children and young people with a dedicated space away from adult patients after surgery.

## Is the service effective?

**Good** ● ↓

Our rating of effective went down. We rated it as good because:

- The service delivered care in line with national clinical guidance. Staff had access to policies and procedures based on national guidance on the trust intranet.
- There was good multidisciplinary working within children's services. Records demonstrated input from a full clinical team including allied health professionals such as physiotherapists.
- Staff ensured the use of personal child health records (red books).
- The service now had paediatric trained nurses in pre-assessment clinics.
- Consent was sought and clearly recorded in patients' notes. We observed staff obtaining consent and procedures being explained to patients, parents and carers. Staff we spoke with understood the importance of shared decision-making with patients and we saw examples of this in records we reviewed.
- Since the last inspection the number of paediatric trained recovery nurses had been increased from two to three in the paediatric theatre recovery area.
- All consultant anaesthetists were required to maintain competence in paediatric anaesthesia and advanced paediatric life support.
- There were examples across paediatrics of staff supporting patients and those close to them to manage their own health. For example, dietitians and play specialists supported nutritional planning and created food charts for children who stayed in hospital for long periods of time.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

However:

# Services for children and young people

- Five of the seven records we reviewed did not contain pain reviews including review of pain for children using patient controlled analgesia.
- The service used evidence based tools to screen for malnutrition. A nutrition initiatives re-audit in April 2017 showed that paediatric wards underperformed in the audit which assessed the recording of information on the malnutrition screening tool.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff were passionate about their work and focused on delivering child-centred care.
- There was a high level of emotional support provided by staff including the play team.
- Staff involved patients and those close to them in decisions about their care and treatment. Parents told us nurses and doctors always involved them in care plans and decisions about their child's care.
- Staff cared for patients with compassion. Feedback from patients and families were consistently positive.
- Friends and family test results had improved since the last inspection and were in line with the England average.

## Is the service responsive?

Good   

Our rating of responsive improved. We rated it as good because:

- There was now a dedicated children's outpatient unit.
- The service had clinical nurse specialists who also supported children in their transition from children's to adult services.
- Referral to treatment times were consistently good at 94% compliance.
- The did not attend (DNA) rate for appointments in the children's outpatient unit was 6.4% which was better than the trust target of 10%. The DNA rate for children for paediatric surgery was 0.7%.
- The service had a service level agreement with a local mental health trust which provided support for children with pre-existing mental health conditions.
- There was a paediatric clinical psychologist and child and adolescent psychiatrist who provided a range of services and clinics including bereavement counselling.
- The play team used a model MRI scanner to show children what happened during an MRI scan to help alleviate any anxieties and fears. The use of the scanner had significantly reduced the number of children under the age of 12 requiring a general anaesthetic for a scan.
- At our last inspection we found that children and young people had to be taken outside of the building from the wards to access theatres which meant that children were exposed to the weather. This was still the case during the

# Services for children and young people

inspection, however children's inpatients were scheduled to move to a new facility in the new build of the hospital which had a connecting covered corridor leading to theatres. The move to the new build occurred before the publication of this report. This meant that children no longer needed to be taken outside of the building to access theatres.

- Parents could stay overnight with their child. Chair beds were provided by a child's bedside. We viewed the facilities for parents in the new children's inpatients facility which was more spacious and included a pull-down bed for parents by each bedside.
- There was now a kitchen for parents and staff kept label stickers so that parents could label their food which they stored in the fridge.
- The new facility for children's inpatients which would be functional before the publication of this report had been designed with children, young people and their families in mind. Improvements included a dedicated playroom for younger children, age neutral designs, a connecting covered indoor corridor to theatres and facilities for parents and siblings including a baby feeding room and fully accessible toilets.

However:

- There was still limited provision for children with learning disabilities, autism, sensory and behavioural needs. However, the trust was looking into implementing learning disabilities training for staff and appointing a learning disabilities nurse.
- It was not clear if plans regarding a connecting covered indoor corridor leading to theatres from children's inpatients would also apply to the child's journey from theatres to the children's high dependency unit.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- In the last inspection we found that there was a lack of ownership by the leadership team of the issues faced by the department. The team now demonstrated a clear understanding of risks, issues and priorities for the service.
- Staff were passionate about their work and spoke of good teamwork.
- Staff commented positively on changes that had been made since the change to a divisional structure. Staff said that the leadership used to be very clinician-led and that now nursing staff had a greater voice.
- The trust engaged with children and young people and had involved them in the design of the new children's inpatient facility.

However:

- The culture in children's services still appeared unsettled. Some staff reported that pockets of bullying still remained.
- Some staff felt management was top-down and felt they were not always consulted when decisions were made

## Outstanding practice

A play specialist had designed and developed a miniature model MRI scanner with the hospital's clinical engineering team to help children understand what happens during an MRI scan. The model made noises like that of a real scanner and played recordings of what scanning technicians were likely to say. Children could use dolls to simulate a scan

# Services for children and young people

procedure. This helped alleviate children's fears and anxieties and had significantly reduced the number of children requiring general anaesthetic when undergoing MRI scans. In 2017, of the 43 children aged under 12 requiring an MRI scan, 37 children underwent the scan without general anaesthetic by being supported by the play specialist team using the model MRI scanner.

## Areas for improvement

The trust SHOULD:

- Improve compliance with mandatory training for medical and nursing staff especially for paediatric immediate life support.
- Ensure formal safeguarding supervision is fully implemented for staff in children's services.
- Continue to review band 5 and 6 staffing levels to ensure correct staffing levels for the acuity and dependency of patients are maintained.
- Ensure pain is reviewed and recorded in patients' notes including review of patient controlled analgesia.
- Improve provision for children with learning disabilities, autism, sensory and behavioural needs.

# Outpatients

Good 

## Key facts and figures

The outpatients department at the Royal National Orthopaedic Hospital in Stanmore is part of the Children's, Outpatients, Imaging and Access Division of the trust.

The trust operates across two sites: Stanmore (inpatient and outpatient services) and Bolsover Street (outpatient services). The main outpatient department in Stanmore provides services for all adult patients seeing clinical staff across all specialties. This facility provides 19 consultation rooms. Co-located but separate to the main department is a dedicated paediatric OPD, which has five consultation rooms.

The trust had 143,923 first and follow up outpatient appointments from June 2017 to May 2018. 109,614 of these appointments took place at Stanmore with the remainder at the Bolsover Street site.

We visited all areas of the outpatients department including waiting areas, consulting rooms, treatment areas and a phlebotomy room.

We spoke with patients of the service and those close to them and observed the care and treatment patients received. We reviewed patient care records of people who used services. We spoke with staff including consultants, nurses, clinical support workers, clerical staff, volunteers and managers. We interviewed the matron, clinical lead, operational manager and access manager.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of the department as well as data and information provided to us directly by the trust.

## Summary of this service

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- The service had improved how it carried out environmental audits and were no longer solely reliant on the Patient Led Assessment of the Care Environment (PLACE). There were a range of cleanliness audits including hand hygiene and cleaning spot checks. There were hand gel dispensers throughout the department and staff observed hygiene protocols and policies.
- At the previous inspection the service had identified problems with the performance of the external cleaning provider. This had improved, we were told by staff and patients that the department was clean and we observed this to be the case.
- The service managed patient incidents effectively. Staff recognised incidents when they occurred and knew how to report them. Staff apologised to patients when things went wrong and gave them information and support. Staff we spoke with understood the Duty of Candour.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

# Outpatients

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to recognise and report abuse. There were clear safeguarding procedures in place.
- Staff could explain how they recognised and responded to deteriorating patients. There were measures in place for patient who became unwell in outpatients such as an on-call medical assessment team.
- The service's environment and equipment were managed in a way that kept patients safe. There were clear exit routes and floors were clear of trip hazards. Equipment was available and tested regularly.
- The service's practice was up to date with Royal College guidance and best practice set out by the National Institute for Health and Care Excellence (NICE).
- Each specialty monitored patient outcomes and used this information to improve care and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There were a range of nurse led specialist clinics.
- Staff were able to access pain relief and there was a good multidisciplinary service provided to patients in the pain clinic.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Patient records showed that consent was gained from patients prior to procedures or treatment. Staff told us they had access to guidance on gaining consent.
- Staff cared for patients with compassion. Our observations of interactions in the department and feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Appointment times were longer than average so that patients had time to ask questions.
- Patients were provided with information leaflets to increase their understanding of care and involvement in the service. They told us that clinicians explained care and treatment clearly and took time to respond to their queries and concerns.
- Staff provided emotional support to patients to minimise their distress. There were private rooms available to have sensitive conversations.
- The service took account of the needs of patients and provided a range of clinics to meet the needs of patients from across a wide geographical area.
- Service managers were taking action to address clinical capacity and reduce late starting and late running clinics as well as the prevalence of patients missing their appointments.
- The service performed better than the national standard on many referral to treatment (RTT) measures. All specialties met the 18-week standard for non-complete pathways, the two-week standard for an urgent GP referral and the 31-day standard for receiving the first treatment after a decision to treat. Three specialties were above the England average of patients on non-admitted pathways seen within 18 weeks, with four below. We heard that these figures were improving.
- The service had taken action to improve instances of patients not attending their appointments, including a text messaging service.



# Outpatients

- The outpatient department was fully accessible to patients with reduced mobility. There was support for bariatric patients, those living with dementia and with a learning disability. Signs in the department were clear and there was adequate space for patients to wait, this had improved since the last inspection.
- At the last inspection we found there were delays in sharing information with GPs following appointments. We heard from patients and service managers that this had improved and information was now shared more quickly.
- Managers of the service had the right competencies to lead the service and understood the challenges facing the department and how they planned to address them.
- There was a clear management structure and governance processes in the department and wider clinical division headed by a triumvirate. Managers understood their roles and those of their colleagues.
- There was a positive, supportive working culture in the department. Staff spoke well of each other and enjoyed being part of the team. There was a productive, helpful working environment between staff of different disciplines and levels of seniority.
- At the last inspection we found that waiting times were managed by individual specialties and overall departmental leadership was lacking. This had improved, and outpatient managers now had greater influence over access issues and took action to improve capacity.
- Managers had developed a clinical utilisation tool to maximise clinical capacity.

However:

- Reception staff did not receive customer service or conflict resolution training which might have supported them to perform their roles.
- Mandatory training rates did not meet the trust target in some areas such as fire safety and dementia awareness.
- There was a low staff appraisal rate so we were not assured that managers provide support to staff and monitor their work in the department.
- The service operated Monday to Friday only and did not provide weekend or out-of-hours clinics. However, the trust told us it had trialled weekend services but there had been limited demand for this service from patients.
- At the last inspection we had found that executive level managers were not visible in outpatients and this did not seem to have improved. Staff we spoke with did not know who senior managers were or recall seeing them in outpatients.

## Is the service safe?

**Good** 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- The service had improved how it carried out environmental audits and were no longer solely reliant on the Patient Led Assessment of the Care Environment (PLACE). There were a range of cleanliness audits including hand hygiene and cleaning spot checks. There were hand gel dispensers throughout the department and staff observed hygiene protocols and policies.

# Outpatients

- At the previous inspection the service had identified problems with the performance of the external cleaning provider. This had improved, we were told by staff and patients that the department was clean and we observed this to be the case.
- The service managed patient incidents effectively. Staff recognised incidents when they occurred and knew how to report them. Staff apologised to patients when things went wrong and gave them information and support. Staff we spoke with understood the Duty of Candour.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to recognise and report abuse. There were clear safeguarding procedures in place.
- Staff could explain how they recognised and responded to deteriorating patients. There were measures in place for patient who became unwell in outpatients such as an on-call medical assessment team.
- The service's environment and equipment were managed in a way that kept patients safe. There were clear exit routes and floors were clear of trip hazards. Equipment was available and tested regularly.

However:

- Mandatory training rates did not meet the trust target in some areas such as fire safety and dementia awareness.

## Is the service effective?

We do not rate this domain for outpatient services.

- The service's practice was up to date with Royal College guidance and best practice set out by the National Institute for Health and Care Excellence (NICE).
- Each specialty monitored patient outcomes and used this information to improve care and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There were a range of nurse led specialist clinics.
- Staff were able to access pain relief and there was a good multidisciplinary service provided to patients in the pain clinic.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Patient records showed that consent was gained from patients prior to procedures or treatment. Staff told us they had access to guidance on gaining consent.

However:

- Reception staff did not receive customer service or conflict resolution training which might have supported them to perform their roles.
- There was a low staff appraisal rate so we were not assured that managers provide support to staff and monitor their work in the department.

# Outpatients

## Is the service caring?

Good 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- Staff cared for patients with compassion. Our observations of interactions in the department and feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Appointment times were longer than average so that patients had time to ask questions.
- Patients were provided with information leaflets to increase their understanding of care and involvement in the service. They told us that clinicians explained care and treatment clearly and took time to respond to their queries and concerns.
- Staff provided emotional support to patients to minimise their distress. There were private rooms available to have sensitive conversations.

## Is the service responsive?

Good 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- The service took account of the needs of patients and provided a range of clinics to meet the needs of patients from across a wide geographical area.
- Service managers were acting to address clinical capacity and reduce late starting and late running clinics as well as the prevalence of patients missing their appointments.
- The service performed better than the national standard on many referral to treatment (RTT) measures. All specialties met the 18-week standard for non-complete pathways, the two-week standard for an urgent GP referral and the 31-day standard for receiving the first treatment after a decision to treat. Three specialties were above the England average of patients on non-admitted pathways seen within 18 weeks, with four below. We heard that these figures were improving.
- The service had acted to improve instances of patients not attending their appointments, including a text messaging service.
- The outpatient department was fully accessible to patients with reduced mobility. There was support for bariatric patients, those living with dementia and with a learning disability. Signs in the department were clear and there was adequate space for patients to wait, this had improved since the last inspection.
- At the last inspection we found there were delays in sharing information with GPs following appointments. We heard from patients and service managers that this had improved and information was now shared more quickly.

# Outpatients

However:

- The service operated Monday to Friday only and did not provide weekend or out-of-hours clinics. However, the trust told us it had trialled weekend services but there had been limited demand for this service from patients.

## Is the service well-led?

Good 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- Managers of the service had the right competencies to lead the service and understood the challenges facing the department and how they planned to address them.
- There was a clear management structure and governance processes in the department and wider clinical division headed by a triumvirate. Managers understood their roles and those of their colleagues.
- There was a positive, supportive working culture in the department. Staff spoke well of each other and enjoyed being part of the team. There was a productive, helpful working environment between staff of different disciplines and levels of seniority.
- At the last inspection we found that waiting times were managed by individual specialties and overall departmental leadership was lacking. This had improved, and outpatient managers now had greater influence over access issues and took action to improve capacity.
- Managers had developed a clinical utilisation tool to maximise clinical capacity.

However:

- At the last inspection we had found that executive level managers were not visible in outpatients and this did not seem to have improved. Staff we spoke with did not know who senior managers were or recall seeing them in outpatients.

## Outstanding practice

Service managers had been invited to present their clinical utilisation model to other trusts around the country as an example of good practice.

## Areas for improvement

The service should consider providing reception staff with dedicated customer service and conflict resolution training.

# Royal National Orthopaedic Hospital (Bolsover Street)

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bolsover-street-london-w1](http://www.rnoh.nhs.uk/home/find-us/bolsover-street-london-w1)

## Key facts and figures

The Royal National Orthopaedic Hospital NHS Trust (the RNOH) is a specialist orthopaedic hospital located in Greater London. It has two locations, one in Stanmore and another (an outpatient only facility) in Bolsover Street located two minutes away from Great Portland Street Tube station.

The RNOH consider themselves to be the largest orthopaedic hospital in the United Kingdom (UK), and a leader in the field of orthopaedics both in the UK and world-wide.

The RNOH is a major teaching centre and around 20% of orthopaedic surgeons in the UK received training there.

Outpatient services are provided at both the Stanmore site and at the central London outpatient assessment centre in Bolsover Street. In addition to general orthopaedics, they have specialist clinics dealing with bone tumours, scoliosis, metabolic disease, rheumatology, urology, spinal injuries, specialist shoulder conditions and sports injuries.

Inpatient facilities are provided at the Stanmore location where they have 220 inpatient beds on 13 wards. The hospital has nine operating theatres and a six-bedded recovery unit. Patients requiring special monitoring after surgery are accommodated in either the high dependency unit, or intensive care unit, which had 12 beds.

In October 2016 RNOH commenced some redevelopment work in recognition of the fact that their estate was very old. In July 2018 they completed phase one of that work. This new building will provide new wards for adult surgery, a children's ward and a private patients ward.

## Summary of services at Royal National Orthopaedic Hospital (Bolsover Street)

**Good** 

Royal National Orthopaedic Hospital (Bolsover Street) is an outpatient only facility. This is the only core service we inspected.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated safe, caring, responsive and well led as good. We do not rate the effective domain for outpatients.

# Outpatients

Good 

## Key facts and figures

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

The trust operates across two sites: Stanmore (inpatient and outpatient services) and Bolsover Street (outpatient services). The main outpatient department in Stanmore provides services for all adult patients seeing clinical staff across all specialities. This facility provides 19 consultation rooms. Co-located but separate to the main department is a dedicated paediatric OPD, which has 5 consultation rooms. Bolsover street in central London provides outpatient, diagnostic and therapies services and consists of 11 consultation rooms.

The trust had 143,923 first and follow up outpatient appointments from June 2017 to May 2018. 34,309 of these appointments took place at Bolsover Street with the remainder at the Stanmore site.

## Summary of this service

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.**

We rated it as good because:

- Staff at Bolsover Street achieved 100% for 5 out of 7 mandatory training modules.
- The hospital operated fully staffed with no vacancies.
- Hand hygiene audits were completed monthly and the results for September 2018 showed 95%.
- There was a greater understanding from staff in their knowledge of safeguarding. Staff understood how to recognise and report abuse. There were clear safeguarding procedures in place.
- Facilities were available to provide longer appointment times if required, and larger rooms to accommodate wheelchairs and equipment.
- We examined seven sets of electronic notes and we saw that drug treatment charts were completed and we saw GP letters and copies that would have been sent to patients and other agencies were available within the patients' files.
- The medicines we looked at were all in date. Fridge temperature checks were completed daily, and we saw evidence of this.
- The service managed patient incidents effectively. Staff recognised incidents when they occurred and knew how to report them. Staff apologised to patients when things went wrong and gave them information and support. Staff we spoke with understood the Duty of Candour.
- The structure of the clinics and an interview with a doctor in training doctor showed evidence of an individualised management plan for patients. This was also reflected in the detailed letters following consultations seen in the seven electronic medical records that we looked at.
- A pain clinic occurred every Friday, which was run by a pain consultant and specialist nurse team.
- Staff were nominated and praised for good work completed. We saw emails where compliments from patients about nurses were fed back by their manager.

# Outpatients

- The Bolsover outpatient department reported that as at August 2018 Mental Capacity Act (MCA) training was completed by 100% staff in outpatient services compared to the trust target of 95%.
- We saw episodes of good care with patients and carers being in full understanding of what was being explained to them.
- All patients we spoke with confirmed that all staff from clinicians to receptionists were all kind and polite.
- Patients who had received distressing news such as a cancer diagnosis were seen with a nurse with specialist qualifications and skills in cancer care. The service also had these specialist nurses available for appointments with paediatric patients if needed. There were quiet rooms that patients could go into with the nurse to process the information following their consultation.
- We observed that privacy and dignity of patients was respected at all times in the consulting rooms and care and consultation was provided in a compassionate way.
- The service delivered services effectively to patients coming from all over the United Kingdom taking account of any logistical problems presented.
- We observed attentive reception staff calling patients to remind them of their appointments, providing them with directions to the hospital, and advising patients as to which floor their appointment was on.
- We observed that there were unisex toilets available, with foot-operated bins. Disabled toilets were available with large hand rails and emergency call bells and motion sensor operated bins. All disabled toilets were furnished with baby changing facilities.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral from July 2017 to June 2018.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for incomplete pathways was consistently better than the England overall performance.
- A senior sister described fostering a culture in which staff took ownership and responsibility of what they did, which would lead to better outcomes for the patient.
- We observed that the hospital had six risks on their risk register. The senior nurse was sighted on these risks and provided us with mitigations for some of the risks that we identified that could compromise patient care.
- A senior nurse told us that improvements had been made in the engagement between the hospital and a transport provider, with the relationship between the two being described as "good".

However:

- The follow-up to new rate for Royal National Orthopaedic Hospital (Bolsover Street) was higher than the England average.
- The DNA rate at Bolsover Street was slightly higher than the England average. The reasons given were that it could have been due to the location of the hospital, which falls within the congestion charging zone, making it expensive and difficult for patients to find parking.
- A senior nurse told us that it was sometimes difficult to engage staff to complete the staff survey because there was a perception amongst staff that they were identifiable through the barcode that was attached to the paper copy of the survey.

# Outpatients

## Is the service safe?

**Good** 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:**

- Staff at Bolsover Street achieved 100% for 5 out of 7 mandatory training modules.
- The hospital operated fully staffed with no vacancies.
- Hand hygiene audits were completed monthly and the results for September 2018 showed 95%.
- There was a greater understanding from staff in their knowledge of safeguarding. Staff understood how to recognise and report abuse. There were clear safeguarding procedures in place.
- Facilities were available to provide longer appointment times if required, and larger rooms to accommodate wheelchairs and equipment.
- We examined seven sets of electronic notes and we saw that drug treatment charts were completed and we saw GP letters and copies that would have been sent to patients and other agencies were available within the patients' files.
- We checked medicines and found that they were all in date. Fridge temperature checks were completed daily, and we saw evidence of this.
- The service managed patient incidents effectively. Staff recognised incidents when they occurred and knew how to report them. Staff apologised to patients when things went wrong and gave them information and support. Staff we spoke with understood the Duty of Candour.

## Is the service effective?

**We do not rate this domain in outpatients.**

- The service's practice was up to date with Royal College guidance and best practice set out by the National Institute for Health and Care Excellence (NICE).
- The structure of the clinics and an interview with a doctor in training showed evidence of an individualised management plan for patients. This was also reflected in the detailed letters following consultations seen in the seven electronic medical records that we looked at.
- A pain clinic occurred every Friday, which was run by a pain consultant and specialist nurse team.
- Staff were nominated and praised for good work completed. We saw emails where compliments from patients about nurses were fed back by their manager. Staff were able to access pain relief and there was a good multidisciplinary service provided to patients in the pain clinic.
- The Bolsover outpatient department reported that as at August 2018 Mental Capacity Act (MCA) training was completed by 100% staff in outpatient services compared to the trust target of 95%. Patient records showed that consent was gained from patients prior to procedures or treatment. Staff told us they had access to guidance on gaining consent.

However:



# Outpatients

- The follow-up to new rate for Royal National Orthopaedic Hospital (Bolsover Street) was higher than the England average.

## Is the service caring?

**Good** ●

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:**

- We saw episodes of good care with patients and carers being in full understanding of what was being explained to them.
- All patients we spoke with confirmed that all staff from clinicians to receptionists were all kind and polite.
- Patients who had received distressing news such as a cancer diagnosis were seen with a nurse with specialist qualifications and skills in cancer care. The service also had these specialist nurses available for appointments with paediatric patients if needed. There were quiet rooms that patients could go into with the nurse to process the information following their consultation.
- We observed that privacy and dignity of patients was respected at all times in the consulting rooms and care and consultation was provided in a compassionate way.

## Is the service responsive?

**Good** ●

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:**

- The service delivered services effectively to patients coming from nationwide taking account of any logistical problems presented.
- We observed attentive reception staff calling patients to remind them of their appointments, providing them with directions to the hospital, and advising patients as to which floor their appointment was on.
- We observed that there were unisex toilets available, with foot-operated bins. Disabled toilets were available with large hand rails and emergency call bells and motion sensor operated bins. All disabled toilets were furnished with baby changing facilities.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral from July 2017 to June 2018.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for incomplete pathways was consistently better than the England overall performance.

However:

- The DNA rate at Bolsover Street was slightly higher than the England average. The reasons given were that it could have been due to the location of the hospital, which falls within the congestion charging zone, making it expensive and difficult for patients to find parking.

# Outpatients

## Is the service well-led?

Good 

**We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:**

- Managers of the service had the right competencies to lead the service and had an understanding of the challenges facing the department and how they planned to address them.
- A senior sister described fostering a culture in which staff took ownership of and responsibility for what they did, which would lead to better outcomes for the patient.
- We observed that the hospital had six risks on their risk register that most of which were out of the service's control to change. A senior nurse was sighted on these risks and provided us with mitigations for some of the risks that we identified that could compromise patient care.
- A senior nurse told us that improvements had been made in the engagement between the hospital and a transportation provider, with the relationship between the two being described as "good".
- There was a positive, supportive working culture in the department. Staff spoke well of each other and enjoyed being part of the team. There was a productive, helpful working environment between staff of different disciplines and levels of seniority.

However:

- A senior nurse told us that it was sometimes difficult to engage staff to complete the staff survey because there was a perception amongst staff that they were identifiable through the barcode that was attached to the paper copy of the survey.
- Staff felt that the leadership team from the main Stanmore site very rarely visited Bolsover Street Hospital.

### Areas for improvement

- The trust should consider seven day working in outpatients.

# Our inspection team

Sheona Keeler, CQC Inspection Manager led the core service inspection of this trust.

The well led inspection was led by Sheona Keeler and Dr Stuart Walker, Chief Medical Officer at Taunton and Somerset NHS Foundation Trust, and the executive reviewer for the inspection.

The team for both the core service and well led inspections included another CQC inspection manager, inspectors and specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.