

The Royal Orthopaedic Hospital NHS Foundation Trust

Inspection report

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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?

Good 

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 Orthopaedic NHS Foundation Trust is one of the UK's five specialist orthopaedic centres. It provides specialist and routine orthopaedic care to its local catchment area, and specialist orthopaedic care regionally and nationally. The hospital was established in 1817. The hospital is situated in the south of Birmingham. The trust provides services to a population of around 1,073,045 and employs around 1000 staff.

The trust is part of the National Orthopaedic Alliance (NOA). The NOA is an acute care collaboration (ACC) vanguard project, providing a framework for improving quality in orthopaedic care across England.

The trust became a foundation trust in 2007 and there have been significant changes to the senior management team and board in the last 12 months, including an acting chief executive and two interim board directors; chief operating officer and finance director.

The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and paediatric orthopaedics. The hospital has a specialist bone infection unit. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and the bone tumour service commissioned by specialised commissioning. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas. This trust does not provide an Accident and Emergency service.

In June 2017, the trust gave notice to commissioners to cease care delivery for paediatric orthopaedic surgery. At the time of inspection, the trust was still providing this care but a plan was in progress to transition the service to an alternative acute specialist provider.

There are six inpatient wards including a private patient ward; ten operating theatres, a day case unit and outpatient and diagnostic facilities. The hospital had a purpose built two bedded paediatric high-dependency unit (HDU) with an additional eight adult HDU beds. There are a total of 128 inpatient beds, 22 of which are paediatric beds and 20 day surgery beds. The trust employed 318 whole time equivalent nursing staff and 87 medical staff.

The trust had revenue of £82m with a budget deficit of £4.4m in 2017/18.

Overall summary

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

What this trust does

The trust is a tertiary referral specialist orthopaedic centre, providing elective orthopaedic care to its local catchment area in South Birmingham, nationally and internationally.

The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and paediatric orthopaedics. The hospital has a specialist bone infection unit. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and the bone tumour service commissioned by specialised commissioning. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas. This trust does not provide an Accident and Emergency service.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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.

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.

Between 23 and 24 January 2018, we inspected three core services provided by the trust. We inspected outpatients in 2014 and rated responsive as inadequate and requires improvement overall and therefore in 2015 we carried out a responsive follow up inspection in 2015 and the service was still rated requires improvement overall. We also inspected surgery (this is the main service provided by the hospital) and medicine because these services were last inspected in 2014. Both received a good rating overall but required improvement for responsiveness respectively.

We did not inspect critical care or children's care this time in view of the notice of decision to cease children's care provision during 2018. At the time of publication, we are reviewing this decision due to the trust still providing this service with no set date of transfer to an alternative provider.

What we found

Overall trust

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

Outpatients improved one rating from requires improvement to good for safe and responsive but stayed the same for well-led as requires improvement. Responsiveness for surgery and medicine improved from requires improvement to good, meaning both services were good in all five domains.

Our decision on the overall ratings take into account the relative size of services and we use our professional judgement to reach a fair and balanced rating.

We have deviated from the standard aggregation rating rules for the safe domain overall. This is because during engagement we have seen improvements following inspection of the critical care core service. However, one of the drivers for the ratings related to the trust providing care to children in the HDU. The trust had given notice and at planning and delivery of this inspection, the transition was planned for 2018. However at time of publication the transition may take place late 2018 or sometime in 2019. The service is receiving close scrutiny from all stakeholders to agree the transition of service. Therefore, we have taken this into account when aggregating the ratings.

Overall we found:

- Incidents were recognised and reported as per the trust policy. Investigations were undertaken where required and learning was shared within the area where the incident took place.
- The duty of candour regulations were met, monitored and reviewed regularly to ensure all parts were undertaken.
- Staff was well supported to recognise and report any safeguarding issues suspected. Staff had received training and felt confident, along with the support from the safeguarding team. We saw that reminder materials were on display around the location site.

Summary of findings

- Infection control practices were demonstrated and adhered to by staff. They were supported by an infection control team. The trust had been rated green (good) following an external review at the end of 2017.
- There was generally enough nursing and medical staff to meet patient's needs. Where there was a shortage, the trust used bank and agency nurses, and locums to boost medical staffing numbers.
- The hospital participated in quality improvement initiatives and recorded their outcomes. This enabled them to benchmark both locally and nationally. The effectiveness of surgery was supported by data relating to patients recorded outcomes. Hip replacement performance was better than the England average. We also noted lower than England average readmission rates.
- Within surgery, we saw seven day services offered including physiotherapy and occupational therapy. Medical staff were available on a rota six days a week and on call on Sundays and overnight. Pharmacy and radiology services were available six days a week and were available on call for the seventh day.
- All the core services we inspected described that patients said staff treated them with kindness, respect, compassion and dignity.
- Patients were supported emotionally by staff, counselling was available where needed. Chaperones were available in outpatients when patients requested it.
- The trust scores for Friends and family test questions July 2017 was 98% for inpatients and 96% for outpatients.
- Clinic waiting times had improved since our last inspection. Although this still required on-going improvement for specialities such as oncology.
- The trust had employed a lead learning disability practitioner. They visited patients prior to their admission at their own home, to alleviate any anxieties. Staff made adjustments to support patients living with dementia also. A physiotherapist was undertaking a project to reduce falls and improve bathrooms with a particular focus on patients living with dementia.
- Dementia care and staff awareness had improved since our last inspection.
- Discharge planning started early on in the patient's journey, such as at pre admission stage.
- The complaints process supported patients to make the hospital aware of issues and the opportunity to improve. Patients were made aware of their right to complain, but staff were empowered to try and resolve issues locally.
- The trust values were excellence, respect, compassion, pride, openness and innovation. During the inspection the inspection team felt that staff demonstrated these values.
- The vision and strategy were in place, and included a nursing strategy, a learning disability strategy and a quality strategy for example. The strategies were further underpinned by seven work streams which supported the staff to deliver good quality care.
- The trust was in a transitional phase where they were exploring with the Birmingham and Solihull Sustainability and Transformation Programs (STP) and other stakeholders, what the future service provision would be. A strategic outline case had been undertaken to help identify future opportunities.
- The trust recently updated the governance structure, despite this, staff felt that information flowed from ward to board effectively. We saw that management functioned well with well-defined roles and channels for sharing information.
- Since the last inspection governance improvements had taken place for example we saw the incorporation of a Children's board, round table reviews following serious incidents and training to improve root cause analysis investigations.

Summary of findings

- Our observation of the board meetings demonstrated good challenge by its members. A Board assurance framework report and corporate risk register were regularly reviewed, via the committee structure and board.
- Staff spoke positively about both their local management and the senior management. Executive management was much more visible and staff felt they were more approachable. Although there had been changes in the executive over the last year staff told us they were unconcerned and felt the changes had been positive and enabled stronger support.
- Staff were supported to be innovative to identify areas of improvements that would impact positively on patient's experience.
- The trust had a strong research department, which screened every patient for eligibility to be part of a research project. We saw programs which were demonstrating positive results for both patients and the trust.

However:

- Staff expressed frustration with various IT systems and processes. This impacted upon both staff and patients. We noted issues with software systems not interfacing with each other, and staff inputting data, without the ability to pull reports on effectiveness.
- The trust had made improvements in IT structures and processes however, the trust acknowledged there were gaps in delivery and had faced data quality issues since the last inspection.
- Opportunities were lost to ensure widespread learning from serious incidents and never events were shared across the hospital. Learning was shared locally where incidents occurred but we found within outpatients and medicine staff were not aware of the identified learning.
- Policies and procedures which staff would refer to for best practice guidance required review and some required updating. However, we did see appropriate risk assessments to ensure those which required clinical or operational change were updated first.
- Although staff were competent and had access to most of the training they needed, staff on the medical ward wanted more training with complex patients e.g. oncology training and mentorship.
- The referral to treatment times for non-admitted and incomplete pathways and oncology had been inaccurately reported by the trust due to IT/ data quality issues and staff understanding of the principles. The trust made their stakeholders aware and stopped reporting until they were confident the figures were correct. At the time of our inspection the trust was accurately reporting again.
- Finance was a risk in the medium term, which is one reason for identifying additional income streams. However, all cost improvement programs had associated strong quality impact assessments in place.
- Public engagement required re- energising; for instance, we noted the trust charity needed further overview to improve its performance.
- The trust needed to improve the administration relating to the fit and proper persons regulation to demonstrate compliance effectively. The activity was not in line with the trusts own policy.
- Senior Medical and nursing staff wanted access to more leadership development programmes.

Are services safe?

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

- Incidents were recognised and reported as per the trust policy. Investigations were undertaken where required and learning was shared within the area where the incident took place.

Summary of findings

- Staff were well supported to recognise and report any safeguarding issues suspected. Staff had received training and felt confident, along with the support from the safeguarding team. We saw that reminder materials were on display around the location site.
- Infection control practices were demonstrated and adhered to by staff. They were supported by an infection control team. The trust had been rated green (good) following an external review at the end of 2017.
- Staff were able to identify a deteriorating patient and take appropriate action, such as escalation to medical staff.
- Medicines management was well maintained within the location. Medicines were appropriately prescribed, administered and stored.
- There was generally enough nursing and medical staff to meet patient's needs. Where there was a shortage the trust used bank and agency nurses, and locums to boost medical staffing numbers.
- Safety thermometer results were used and displayed to encourage a culture of safety in the clinical areas, where this information was recorded.

However:

- Opportunities were lost to ensure widespread learning from serious incidents and never events were shared across the hospital. The areas where the incident occurred learning was shared, but within outpatients and medicine, we found staff were not aware of the identified learning.
- Although we had no concerns regarding the trust meeting the duty of candour requirements, staff in both medicine and surgery did not know the term. However, they did understand the need to be open and honest and offer apologies, when things went wrong.
- Within outpatients there were some delays identified in consultants signing and sending letters, up to 33 days delays were observed. Also, some consents were undated and unsigned within patient records.

Are services effective?

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

- Evidence based care was delivered by healthcare professionals working together. Pathways of care were followed and clearly documented.
- The hospital participated in quality improvement initiatives and recorded their outcomes. This enabled them to benchmark both locally and nationally. The effectiveness of surgery was supported by data relating to patients recorded outcomes. Hip replacement performance was better than the England average. We also noted lower than England average readmission rates.
- Staff were competent to carry out their roles. Staff told us they could access training to enhance their skills and knowledge.
- Multidisciplinary working was well embedded in the hospital, to ensure that patients received all care interventions in a timely fashion.
- Within surgery, we saw seven day services offered including physiotherapy and occupational therapy. Medical staff were available on a rota six days a week and on call on Sundays and overnight. Pharmacy and radiology services were available six days a week and were available on call for the seventh day.

However:

- Policies and procedures which staff would refer to for best practice guidance required review and some may have required update.

Summary of findings

- Although staff were competent and had access to most of the training they needed. We did note on the medical ward staff wanted more training with complex patients e.g. oncology training and mentorship.
- Medicine and Outpatients did not offer full seven-day services. Within Medicine physiotherapy and occupational therapy was offered in core hours. Outpatients operated Monday to Friday, however, four days a week the department was open into the evening.

Are services caring?

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

- All the core services we inspected described that patients said staff treated them with kindness, respect, compassion and dignity.
- Patients and those close to them were partners in their care, given information enabling them to make informed decisions.
- Patients were supported emotionally by staff, counselling was available where needed. Chaperones were available in outpatients when patients requested it.
- The trust scores for Friends and family test questions July 2017 was 98% for inpatients and 96% for outpatients.

Are services responsive?

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

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

- Clinic waiting times had mostly improved since our last inspection. The trust had multiple options for patients to check in when arriving at outpatients
- The trust had employed a lead learning disability practitioner. They visited patients prior to their admission at their own home, to alleviate any anxieties. Staff made adjustments to support patients living with dementia also. A physiotherapist was undertaking a project to reduce falls and improve bathrooms with a particular focus on patients living with dementia.
- Dementia care and awareness had improved since our last inspection.
- Discharge planning started early on in the patient's journey, such as at pre admission stage.
- Translation services were available for patients in all areas we inspected.
- Referral to treatment times for being seen within two weeks for an urgent GP referral were above the national target.
- The complaints process supported patients to make the hospital aware of issues and the opportunity to improve. Patients were made aware of their right to complain, but staff were empowered to try and resolve issues locally.

However:

- We noted that IT systems needed improvement. We saw some systems did not interact with each other. There was a system which only physiotherapists and occupational therapists could access, which contained information other staff would find helpful in planning patient care. We also saw that some systems, staff were only able to input information and not run reports relating to activity or effectiveness.
- The referral to treatment times for non-admitted and incomplete pathways and oncology had been incorrectly reported by the trust due to IT issues and staff understanding of the principles. The trust made their stakeholders aware and stopped reporting until they were confident the figures were correct. At the time of our inspection the trust was reporting again.

Summary of findings

Are services well-led?

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

- The trust values were excellence, respect, compassion, pride, openness and innovation. During the inspection the inspection team felt that staff demonstrated these values.
- The vision and strategy were in place, and included a nursing strategy, a learning disability strategy and a quality strategy for example. The strategies were further underpinned by seven work streams which supported the staff to deliver good quality care.
- The trust was in a transitional phase where they were exploring with the Birmingham and Solihull Sustainability and Transformation Programs (STP) and other stakeholders, what the future service provision would be. A strategic outline case had been undertaken to help identify future opportunities.
- The leadership changes had strengthened the board and leadership, staff felt supported and listened to. They told us the leadership was approachable, and this helped maintain a positive culture.
- The trust recently updated the governance structure but despite this, staff felt that information flowed from ward to board effectively. We saw that management functioned well with well-defined roles and channels for sharing information.
- Since the last inspection governance improvements had taken place for example we saw the incorporation of a Children's board, round table reviews following serious incidents and training to improve root cause analysis investigations.
- Quality monitoring was in place via the review of key performance indicators and dashboards. This enabled staff to be focussed on areas of improvement.
- Staff spoke positively about both their local management and the senior management. Executive management was much more visible and staff felt they were more approachable. Although there had been changes in the executive over the last year staff told us they were unconcerned and felt the changes had been positive and enabled stronger support.
- Staff felt their managers were experienced and capable for the positions they held.
- Staff and patients views were gathered and used for quality improvement purposes. Complaints were shared in a non-judgmental fashion. Outpatient staff said that compliments and complaints were shared with them.
- The trust had embraced and embedded the 'Freedom to Speak Up Guardian' role and innovative work was in progress to further facilitate staff coming forward to raise concerns.
- The trust guardian won an internal staff award for patient safety in February 2018. Staff were supported to be innovative to identify areas of improvements that would impact positively on patients experience.

However:

- Staff expressed frustration with the various IT systems, and processes. This impacted staff to accessing patient identifiable information in a timely manner or demonstrate the effectiveness of service. We also saw that software systems that did not interface impacted negatively on patients.
- The trust needed to improve the administration relating to the fit and proper persons regulations. The activity was not in line with the trusts own policy.
- The Workforce Race Equality Standard (WRES) report was not maintained, having not completed the 2017 report for submission. We also noted the trust has fallen behind with meeting the Accessible information standards.

Summary of findings

- Finance was a risk in the medium term, which is one reason for identifying additional income streams. However, all cost improvement programs had associated strong quality impact assessments in place.
- Outpatient's staff told us the divisional structure was too hierarchical and learning was not identified or included within the minutes of team meetings.
- Identified learning was not routinely shared outside of divisions in which they occurred.
- The corporate risk register was never reviewed in full by the board; however, all risks were reviewed by the relevant sub-committee.
- Some policies updates were required; however the trust was working on reducing the number needing update and review. They had risk assessed to identify the ones which required update as clinical practice may need changing.
- The trust had improved patient and public engagement since our last inspection however; the board recognised further work was required including a formal engagement strategy.
- Medical and nursing staff wanted access to more leadership development programme.
- Mental health policies needed to be updated and staff did not feel confident to care for and support patients with mental health needs.

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 four examples of outstanding practice in medical care based on the use of research to improve patient outcomes and offer less invasive treatments. For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement. We found 17 that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

What happens next

We will check 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

The trust had a proactive research and development department which meant the trust was engaged in many different research projects. We saw that the trust used beneficial findings to improve patient outcomes and to offer less invasive procedures. We saw this in particular with patients with bone tumours and soft tissue sarcomas.

Summary of findings

Areas for improvement

Areas for Improvement Trust wide

- The trust should ensure when learning is identified a process is in place to ensure it is embedded in all the core services.
- The trust should review their policies and procedures for caring for patients with mental ill- health including those patients detained under the Mental Health Act.
- The trust should ensure all staff have the necessary training and understanding to appropriately care for patients with mental illnesses.
- The trust should ensure they comply with the fit and proper person regulations, in particular ensuring they have all parts of the assurance documents available in the personnel files, including for those staff on secondment.
- The trust should ensure all staff have appropriate access to all relevant electronic patient care systems to carry out their role effectively.
- The trust should ensure that all staff are able to access mandatory training so that trust targets for completion are achieved.
- The trust should ensure it meets all parts of the fit and proper persons regulations, by ensuring it complies with the requirements of its own policy.

Areas for Improvement in Surgery

- The trust should ensure there is robust audit process for the WHO checklist to ensure all parts of the checklist are followed as per best practice.

Areas for improvement in Medical care

- Staff should have sufficient understanding of terms such as 'never event' and 'duty of candour'.
- The trust should review medical cover at weekends to ensure adequate cover.
- The trust should review the Bone Infection Unit strategy and performance outcomes.
- The trust should ensure staff have access to relevant specialist training to carry out their roles effectively.
- The trust should ensure all patients with communication needs have access to translation services at all times.

Areas for improvement in Outpatients

- The trust should continue improve the flow through the outpatients so patients are not kept waiting for appointments.
- Processes should be put in place to ensure that patient records, in particular consent forms, are properly updated at all times including when the department is busy.
- The trust should review and improve the security of patients' notes within the outpatient department.
- The trust should ensure that their audit and governance systems remain effective and that staff are made aware of results from audits and changes in practice.

Summary of findings

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 at the trust as good because:

- We saw considerable progress had been made at the trust since the 2015 inspection. There was evidence of positive changes to organisational culture, quality improvement initiatives and innovative research projects. Since the 2015 inspection, the trust was in transition phase in collaboration with the Birmingham and Solihull sustainability and transformation programs (STP) to develop the future direction for defining their services.
- The future strategy and service delivery of the trust was not consolidated at the time of our inspection. This was because of the board's decision in June 2017 to give notice of their intention to cease provision of paediatric surgery. This was following careful consideration of the lack of ability to meet all current best practice guidance of their service, based on external reviews.
- The trust had submitted a strategic outline case (SOC) to the STP, identifying where the future offering lies to ensure the continued viability of the trust. This work was in partnership with wider stakeholders including the local STP and other local acute NHS providers. This meant the strategy to achieve this will require a refresh when the opportunities and patient pathways have been identified and confirmed.
- There had been several executive and senior leadership changes since our previous inspection in 2015 and although there were two interim executives and an acting CEO, this was providing an improved culture for quality improvement. The executive team clearly demonstrated the ability to improve both the patient and staff experience. They recognised the training needs of managers at all levels, including themselves, and work was in progress to provide development opportunities for the future leaders of the organisation.
- The executive team were open and honest about the challenges they were facing, and appeared to work well together and were able to articulate how they wished to improve the service in the future. The executive team were more visible around the organisation and planned regular departmental visits and attended team briefs. This visibility was noticed by staff of all levels and was appreciated.
- In May 2017, the trust introduced a nursing strategy to enhance the nursing voice and leadership within the organisation. The strategy was based upon the trust values and promoted a focus on improving patient safety and experience through nursing practice.
- The trust values were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. There was a positive values incentive known as 'values cards' to promote and encourage trust values at a patient and staff level. The culture of the trust had changed since our inspection in 2015 and was evolving into a more open and inclusive culture. The acting CEO has had a significant impact on the culture of the organisation. Staff reported he was visible, approachable and listened to their concerns. This was notably different to the previous leadership style and staff now felt engaged and valued.
- The trust worked openly and transparently with external stakeholders when faced with difficult challenges. They sought appropriate support to tackle these challenges in particular when the trust failed to accurately report their referral to treatment national targets. The trust worked hard to recommence national reporting and had a trajectory to get to the 92% by November 2018.

Summary of findings

- Although this was a specialist hospital, trust leaders had a clear awareness of the wider health and social care issues facing the local health economy. The trust recognised their potential positive contribution and proposed helping local acute providers during winter month pressures with various ideas for use of their elective beds.
- The trust had a developing structure for overseeing workforce matters and performance. The staff experience and organisational development committee was recently established to specifically improve oversight of workforce matters.
- The board reviewed performance reports that included data about the services, which divisional leads could challenge. The board recognised they needed greater oversight and had recently changed the committee meeting reporting structure to improve this.
- The trust had embraced and embedded the 'Freedom to Speak Up Guardian' role and innovative work was in progress to further facilitate staff coming forward to raise concerns. The trust guardian won an internal staff award for patient safety in February 2018.
- The trust was in the process of implementing positive quality improvement projects and the focus was on encouraging staff to drive improvement in their area of work. The trust was making use of a week of theatre closures for maintenance by providing staff mandatory training and two day's to focus on continuous improvement through staff engagement.
- Innovative research undertaken by the trust showed positive patient impact resulting in patient choice of less invasive procedures.
- We saw effective multi-disciplinary working throughout the hospital and staff demonstrated positive and mutual professional relationships.
- The trust had a 'learning from deaths' policy in place, and we reviewed the care of and learning following the one unexpected death at the trust in 2017. We found the trust completed the steps within the learning from deaths policy and investigated the circumstances of the death through the root cause analysis (RCA) process.

However:

- There was a distinct gap between what the board thought about organisational learning from incidents and what in reality the case was embedded at ward level. We found that there was a lack of trust-wide shared learning when things went wrong. This included a lack of staff awareness and understanding of never events and duty of candour. Additionally, we found a lack of clinical objectiveness and scrutiny throughout the investigative process for deaths at the trust.
- The trust did not have robust policies and procedures for patients with a mental health illness. There was heavy reliance from external provider support for this and we found staff to be using an outdated Mental Health Act code of practice.
- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level, with a need to refocus on these objectives.
- The trust did not hold up-to-date fit and proper person files to clearly demonstrate compliance with the fit and proper person regulation (FPPR). The trust did not adhere to their own FPP policy.
- Despite improvements in clinic management in the outpatients department, patients still faced long waits, cancelled appointments and overbooked clinics.
- The electronic staff record system was ineffective in recording current staff training and development data. Ward managers kept local records to evidence compliance and staff told us of their frustrations that the lack of IT system interaction caused additional work for them.

Summary of findings

- The trust recognised the risks created by the past IT issues and were in the process of streamlining databases and systems to improve accessibility and data output. It was clear from several issues with information management that this was a key area that required strengthening.
- The trust had significant financial challenges that the board were fully sighted on and had plans in place. The trust was on track to achieve its recovery plan in 2017/18 and expected to achieve its control totals in both 2017/18 and 2018/19. However, this will not leave the trust in a financially sustainable position as the plans demonstrate an underlying deficit position. Whilst the trust was exploring a number of options with its STP partners, it does not have a recovery plan that achieves financial balance in the medium term.

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
Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018

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.

Ratings for The Royal Orthopaedic Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ➡️ May 2018	Good ➡️ May 2018	Good ➡️ May 2018	Good ⬆️ May 2018	Good ➡️ May 2018	Good ➡️ May 2018
Surgery	Good ➡️ May 2018	Good ➡️ May 2018	Good ➡️ May 2018	Good ⬆️ May 2018	Good ➡️ May 2018	Good ➡️ May 2018
Critical care	Inadequate Dec 2015	Requires improvement Dec 2015	Good Dec 2015	Requires improvement Dec 2015	Requires improvement Dec 2015	Requires improvement Dec 2015
Services for children and young people	Good Oct 2014	Outstanding Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Outpatients	Good May 2018	Not rated	Good May 2018	Good May 2018	Requires improvement May 2018	Good ➡️ May 2018
Overall*	Good ⬆️ May 2018	Good ➡️ May 2018	Good ➡️ May 2018	Good ⬆️ May 2018	Good ⬆️ May 2018	Good ⬆️ May 2018

*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 Orthopaedic Hospital

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Key facts and figures

The Royal Orthopaedic NHS Foundation Trust is one of the UK's five specialist orthopaedic centres. It provides specialist and routine orthopaedic care to its local catchment area, and specialist orthopaedic care regionally and nationally. The hospital was established in 1817. The hospital is situated in the south of Birmingham. The trust provides services to a population of around 1,073,045 and employs around 1000 staff.

The trust is part of the National Orthopaedic Alliance (NOA). The NOA is an acute care collaboration (ACC) vanguard project, providing a framework for improving quality in orthopaedic care across England.

The trust became a foundation trust in 2007 and there have been significant changes to the senior management team and board in the last 12 months, including an acting chief executive and two interim board directors; chief executive, chief operating officer and finance director.

The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and paediatric orthopaedics. The hospital has a specialist bone infection unit. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and the bone tumour service commissioned by specialised commissioning. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas. This trust does not provide an Accident and Emergency service.

In June 2017, the trust gave notice to commissioners to cease care delivery for paediatric orthopaedic surgery. At the time of inspection, the trust was still providing this care but a plan was in progress to transition the service to an alternative acute specialist provider.

There are six inpatient wards including a private patient ward; ten operating theatres, a day case unit and outpatient and diagnostic facilities. The hospital had a purpose built two bedded paediatric high-dependency unit (HDU) with additional ten adult HDU beds. There are a total of 128 inpatient beds, 22 of which are paediatric beds and 20 day surgery beds. The trust employed 318 whole time equivalent nursing staff and 87 medical staff.

The trust had revenue of £82m with a budget deficit of £4.4m in 2017/18.

Summary of services at The Royal Orthopaedic Hospital

Good  

Summary of findings

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

- There were sufficient numbers of nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment in all the areas we visited.
- Staff understood and fulfilled their responsibility to raise concerns and report incidents.
- We saw excellent multi-disciplinary working across the hospital that was respectful and professional. There was a team work culture.
- Staff were consistently kind, caring and respectful towards patients and their relatives. Feedback from patients confirmed that staff treated them with compassion.
- Staff in all areas clearly understood how to protect patients from abuse. We saw improved staff awareness and promotion of safeguarding displays around the hospital since our last inspection.
- Dementia and learning disability care had significantly improved since our last inspection.
- Concerns and complaints were taken seriously, investigated appropriately and lessons were learnt from the results, which were shared with staff.
- A positive culture was promoted by leaders at all levels and staff understood how they contributed to the trust values.
- We found local leadership to be knowledgeable about issues and priorities for the quality and sustainability for their services, and had a good understanding of the challenges they faced. We saw they were responding to address these challenges and this work was ongoing.
- Despite the suspension national referral to treatment target (RTT) reporting in June 2017, we saw honest and transparent action to address breaches during the previous 12 months. The trust took swift action and sought stakeholder support and was meeting the planned trajectory to meet the target.
- The ROCS team had a positive impact on length of stay for patients requiring long-term intravenous therapy. Patients who were assessed as not requiring a hospital bed received their intravenous therapy at home.
- The trust was in the process of quality improvement projects such as 'perfecting pathways' to improve patient care. These projects were encouraging staff to be innovative in their own departments to effect change and improvement.
- The trust's research and development team was proactive in research trials and used advanced clinical technology to improve the outcomes for patients with bone tumours and soft tissue sarcomas. We saw examples of patients offered less invasive procedures based on innovative research findings.

However:

- We found in both medical care and outpatients that there was a lack of shared learning when things went wrong. Some staff were not aware of the term 'never event' despite the trust in 2016 having three surgical never events. Understanding of the term duty of candour varied across the trust despite the provision of training.
- The trust used several IT systems that did not interface with each other which meant that there was duplication of information and extra workload for staff. Not all staff had the required access for all systems and many staff we spoke with were frustrated with the different systems to record patient information which could cause delays.
- The trust faced data quality issues and was in the process of identifying and rectifying outdated databases to ensure robust and accurate data management.
- Staff were not knowledgeable or confident in providing care to patients detained under the Mental Health Act. There was a lack of supporting information, policies and guidance for staff to follow to ensure patients additional mental health needs were met.

Summary of findings

- The Bone Infection Unit had the potential to be an outstanding service however, there was a lack of strategy, outcome monitoring and service evaluation and therefore could not demonstrate service effectiveness.
- The electronic staff record did not hold latest compliance data which meant local managers kept local records additionally to this causing extra work and therefore the system ineffective. Training data was not provided to us to demonstrate compliance rates for individual modules.
- Not all staff had access to additional education to support their roles for example specialist oncology training and mentorship training.
- Interpretation services to provide language support to patients who required it was not consistently used across all services.
- Patient records were not consistently secure within the outpatients department.
- Despite significant improvement work to address patient wait times in outpatients, we observed long patient waits, cancelled appointments and overbooked clinics. This was a concern in our previous inspection.

Medical care (including older people's care)

Good   

Key facts and figures

The oncology ward (ward3) had 24 patient beds that consisted of ward bays and side rooms. There were two designated Teenage Cancer Trust (TCT) side rooms and a TCT day room.

The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and is one of 12 centres in England for the treatment of soft tissue sarcomas. The bone tumour service the hospital provides is commissioned by specialised commissioning.

The trust did not have medical service at the hospital, however oncology services fall under CQC medical services methodology. Therefore, we inspected the oncology service using the medical core service framework.

We also inspected the Royal Orthopaedic Community Scheme (ROCS), the infection, prevention and control (IPC) team and the Bone Infection Unit (BIU) service. There was also a small physiotherapy and hydrotherapy service at the hospital that provided inpatient care to oncology patients. We incorporated these therapy services within the medical core service inspection.

During our inspection of the medical service, we inspected all key lines of enquiry. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The medical service inspection team consisted of a CQC lead inspector, a nurse specialist advisor and an oncology consultant specialist advisor.

We spoke with 31 members of staff including two consultants, two junior doctors, eight staff nurses, three nurse practitioners, a health care assistant, an orthopaedic support technician, an administrative staff member, seven physiotherapists, a therapy exercise instructor, an occupational therapist, a divisional medical lead, the deputy chief nurse, the head of therapies and an infection, prevention and control lead.

We spoke with 19 patients and reviewed 11 sets of patient records.

Summary of this service

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

- Staff understood how to protect patients from abuse, had training on how to recognise and report abuse. There were systems and processes in place to support staff in safeguarding patients.
- There were clearly defined and embedded processes, systems and standard operating procedures for ensuring cleanliness and hygiene.
- Staff carried out comprehensive patient risk assessments and risk management plans were in line with national guidance.
- Records were accurate, complete and up to date, legible and securely stored.
- Staff understood and fulfilled their responsibility to raise concerns and report incidents including being open and honest with patients when things went wrong.
- Incidents were reported and investigated appropriately and lessons learned and shared locally.
- The hospital had lower than expected risk of readmission compared to the England average.

Medical care (including older people's care)

- There was effective and co-ordinated multi-disciplinary team working across the service that ensured patient care was assessed, planned and delivered based on individual needs.
- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff treated them with kindness and involved them and those close to them in decisions about their care and treatment.
- The ROCS team visited patients at home to deliver intravenous therapy. Without this service patients would have to stay in hospital for the duration of the treatment, therefore occupying a hospital bed.
- We found that the service had improved dementia assessments and communication aids for those with disabilities since our last inspection.
- We saw honest and transparent action to address breaches in the national referral to treatment (RTT) targets during the previous 12 months. The trust was meeting the planned trajectory to meet the target. The arrangements for recording and managing risks and actions to reduce risk were resilient. The recorded risks on the medical service risk register were aligned to what staff had said was on their "worry list".
- Local leaders were knowledgeable about issues and priorities for the quality and sustainability of the service, and had a good understanding of the challenges they faced. We saw they were responding to address these challenges and this work was ongoing.
- The service was transparent and open with all relevant stakeholders about performance and building a shared understanding of challenges to the system.

However;

- Staff were not aware of the term 'never event' or of the never events that occurred in 2016. There was a clear lack of shared learning trust-wide.
- The trust used several IT systems that did not interface with each other which meant that there was duplication of information and extra workload for staff. Not all staff had the required access for all systems.
- Staff did not understand the principle of duty of candour despite the trust providing training as part of mandatory training days.
- Staff were not knowledgeable or confident in providing care to patients detained under the Mental Health Act. There was a lack of supporting information and guidance for staff to follow to ensure patients additional mental health needs were met.
- A lack of medical cover on weekends affected patient access to pain relief.
- The Bone Infection Unit was not monitoring patient outcome data and therefore could not demonstrate the service effectiveness.
- As previously found in our last inspection, staff did not have access to professional development for example, specialist oncology training and mentorship training for staff.
- Not all staff utilised translation services to support patient communication needs.

Is the service safe?

Good  ➡ ➡

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

Medical care (including older people's care)

- We were told overall mandatory training compliance rates met the trust target of 90% but we were not provided with a breakdown for individual modules to see this.
- The hospital had embedded systems and processes to help protect patients from harm and abuse. Staff we spoke to had knowledge of safeguarding and knew how to raise safeguarding concerns. There were safeguarding pathways in place that the hospital displayed on boards in public areas. Pathways were clearly defined and included names and contact details of safeguarding leads so staff and visitors were able to raise concerns when needed.
- There were clearly defined and embedded processes, systems and standard operating procedures for ensuring cleanliness and hygiene. Staff consistently carried out these processes to ensure patients were kept safe from harm. The infection, prevention and control nurses worked tirelessly to ensure all staff adhered to infection, prevention and control policies.
- There were safety systems implemented to ensure the design, maintenance and use of equipment and facilities at the hospital kept people safe. These systems were communicated to and well embedded with staff working in the medical service.
- Staff carried out comprehensive risk assessments for patients and risk management plans were in line with national guidance. Staff identified and responded appropriately to changing risks to patients, including health and wellbeing, medical emergencies and challenging behaviour. Staff were able to seek support from senior staff when changes to risk occurred.
- At our previous inspection in 2014, we found that there were issues with nurse staffing in the medical service. We found there were still nursing vacancies but this was now due to new posts created to increase nurse staffing on night shifts and changes in staffing budgets. This was a different position to 2014 when there were issues with recruitment.
- We saw that staff managed and wrote in patients' individual care records in a way that kept them safe. Records were accurate, complete and up to date, legible and securely stored. However, the hospital used multiple record systems that did not talk to each other. Some staff members did not have access to some systems, which meant that they could not access all relevant information. Staff completed records in line with best practice guidelines and there was evidence of multi-disciplinary input as well as discussions with patients and family members when making decisions.
- There were defined and embedded systems and processes to ensure safe storage, prescribing and administration of medicines to keep patients safe from harm.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents; they were fully supported when they did. When things went wrong, incidents were investigated appropriately and in a timely manner. Staff understood the need to be open and honest with patients when incidents happened. Lessons were learned and disseminated at a local level, however we found that widespread learning across services did not happen. Staff were not aware of the term duty of candour.
- Safety thermometer data was displayed on ward three, with harm free days displayed to encourage a safety conscious environment. We saw 52 days free from falls, 147 days free from avoidable pressure ulcers and 153 days free from hospital infections.

However

- Medical staffing was challenging out of core hours; night and weekend medical cover consisted of a junior doctor in specialist training (SHO) and an anaesthetist on site for the entire hospital. Additionally, two anaesthetists, one registrar and an orthopaedic consultant who were on call but were not on-site for additional support. There was a vacancy rate of 6%, and a turnover rate of 32%. Due to the small numbers involved, this equates to only one WTE staff member leaving the trust. The cover at weekends did meet national guidance, but staff told us it did not feel sufficient.

Medical care (including older people's care)

- All staff we spoke within the medical service were not aware of the term never event and had no knowledge of the never events that had happened in other services provided at the hospital. This showed that the hospital was not learning from lessons across services.

Is the service effective?

Good   

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

- Staff assessed, treated and supported patients in line with national standards and evidence-based guidance. Patients were told when they needed to seek further help and advice and what to do when their condition deteriorated. However, there was a potential risk that the rights of patients subject to the Mental Health Act 1983 (MHA) were not always protected.
- Staff ensured patients' nutrition and hydration needs were met, by identifying and monitoring patients appropriately, and using nationally recognised assessment tools. Staff had access to dietary and nutritional specialists for advice.
- Nursing and medical staff worked together to ensure patients received timely pain relief. However, the lack of medical cover on weekends had caused issues with ensuring timely pain relief for patients.
- Information about patient's care and treatment, and their outcomes were routinely collected and monitored. The hospital participated in relevant quality improvement initiatives at a local level, and benchmarked nationally against other tertiary centres with specialist commissioning. The hospital maintained specialist-commissioning contracts for their bone tumour and soft tissue sarcoma services. There was an impressive research and development department and the oncology service was heavily involved in research and trials. However, there were areas of the medical service that were not monitoring any outcome data.
- The hospital had lower than expected risk of readmission compared to the England average. This could partly be due to having the ROCS service that treated patients in the community instead of patients having to be readmitted for illnesses such as bone infections.
- Seven day services were offered on ward 3 along with nursing and medical staff. Physiotherapists were available seven days a week with varying levels of staff with cover after 7pm with an on-call rota and weekend cover based upon need.
- At our previous inspection, staff felt there was a lack of personal development opportunities and we found that this was still an issue at the trust. We found that the staff were knowledgeable, had the right skills and an appropriate level of training to assess needs, preferences and choices of non-complex patients. However, identifying and managing complex patients was variable, and there was a lack of specialist oncology training and mentorship training for staff. There were appropriate and effective systems to identify learning needs but there was no access for learning beyond their day-to-day tasks.
- Multidisciplinary team (MDT) working within the medical service was well coordinated and organised. Patients received care and treatment from all necessary staff, including those in different teams, services and organisations, to ensure patients had an efficient and holistic treatment plan. The MDT approach involved assessing, planning and delivering care in a well-synchronised and timely manner.
- There were effective pathways for referrals between specialities within the hospital and between other trusts. Discharge arrangements were organised and coordinated between different specialists and ensured that patients with complex needs were safely discharged in the care of the ROCS team or relevant external agencies.

Medical care (including older people's care)

- Staff supported and empowered patients to manage their health, care and wellbeing and to maximise their independence.
- Staff knowledge and understanding of the needs of patients detained under a section of the Mental Health Act (MHA) was variable and staff felt they did not have the confidence to manage those patients effectively. This issue had been raised previously during safeguarding meetings. There was a lack of supporting information and guidance for staff to follow to ensure patients additional mental health needs were met.

However

- Seven-day services were not available for Macmillan nurses. Macmillan nurses attended the wards four days a week.

Is the service caring?

Good   

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

- The service ensured that staff treated patients with kindness, dignity, respect and compassion.
- Staff understood the impact that patients' care, treatment or condition had on their wellbeing and proactively provided appropriate and timely support and information to cope emotionally. Staff advised patients on how to find other support services, and specialist nurses arranged and provided ongoing support to patients post-discharge. However, some patients felt that the hospital was not doing enough to facilitate families when patients were from out of area.
- Staff understood and involved patients and those close to them when planning and delivering patients care and treatment. Staff communicated with patients and offered advice so that they understood their care, treatment and condition.

Is the service responsive?

Good  

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

- Services provided at the hospital reflected the needs of the local, national and internal population, offering patients flexibility, choice and continuity of care. The ROCS service had a positive impact on length of stay, as some patients receiving intravenous therapy could do so at home, meaning they did not require a hospital bed.
- The medical service at the hospital provided patients with personalised care that was responsive to their needs. Staff within the service took account of the particular needs and choices of different patients. However, staff were not always utilising translation services.
- During our last inspection, we found that staff were not carrying out dementia screening assessments on elective patients and that there was no visual aid for communicating with patients that struggled to communicate due to disabilities. We found that the service had improved and this was no longer a concern.

Medical care (including older people's care)

- The medical service managed access to care taking into account the needs of patients, including those with urgent needs. There were long waiting lists for physiotherapy services and on the cancer pathway. The hospital had breached national referral to treatment (RTT) targets during the previous 12 months. However, the service had taken action to address this prior to our inspection. Some aspects of the medical service were very flexible and easy to access with staff seeing patients the same day as patients called.
- The service displayed details of how to make a complaint and patients told us they knew how to make a complaint if they wished to. The service dealt with complaints in line with trust policy.

Is the service well-led?

Good ● ➡ ➡

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

- The leaders within the medical service had the experience, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed. Leaders at every level were visible and approachable. They were knowledgeable about issues and priorities for the quality and sustainability of the service, and had a good understanding of the challenges they faced. We saw the service were responding to address these challenges and this work was ongoing.
- The medical service had a clear statement of vision and values that was driven by quality and sustainability. A clear and achievable strategy included well-defined objectives that were relevant and realistic. The service monitored and reviewed the progress against the strategy using quantifiable and measureable outcomes.
- The medical service leaders encouraged compassionate, inclusive and supportive relationships amongst staff so that staff felt valued and supported. Leaders at all levels prioritised high quality, safe, sustainable and compassionate care whilst promoting equality and diversity across the medical service. Staff at every level ensured that the vision and values underpinned all aspects of their roles.
- The governance strategy was recently updated at the time of our inspection and the governance structures, processes and some systems of accountability to support the delivery of the strategy were newly implemented. Although new, the structures were well defined and staff at all levels were clear about their roles and understood what they were accountable for, and to whom they were accountable.
- Most levels of governance and management functioned effectively and interacted with each other appropriately. There were clear and well-defined arrangements for partners and third-party providers, to ensure that service level agreements with these organisations were governed and managed effectively. There was appropriate interaction and promotion of coordinated, patient-centre care throughout internal and external patient pathways.
- There were comprehensive assurance systems that ensured appropriate escalation of performance issues through clear structures and processes. The governance strategy and structure were new however, the service planned to review these annually.
- The processes to manage current and future performance incorporated a systematic programme of clinical and internal audits to monitor quality and operational processes. These programmes enabled leaders to identify where action needed to be taken. The arrangements for recording and managing risks and actions to lessen risks were resilient. The recorded risks on the medical service risk register were aligned to what staff had said was on their "worry list".

Medical care (including older people's care)

- There was a holistic understanding of performance and challenges that integrated the views of staff from all levels. Quality, safety and sustainability received sufficient cover in relevant meetings at all levels. Leaders received helpful data on a regular basis that supported them to adjust and improve performance as necessary. However, not all ward staff had access to this information and said that middle management did not always share information.
- The information used in reporting, performance management and delivering care was usually accurate, reliable and relevant. However, the oncology service had identified data quality issues for their RTT data. We saw evidence that the service had implemented a comprehensive project to review all patients on the cancer referral pathways. The project was extensive and included the help from an external provider.
- The information used in reporting, performance management and delivering care was usually accurate, reliable and relevant. However, the oncology service had identified data quality issues for their RTT data. We saw evidence that the service had implemented a comprehensive project to review all patients on the cancer referral pathways. The project was extensive and included the help from an external provider.
- The service proactively engaged and involved all staff, and ensured that the voices of all staff were heard and acted on to shape services and culture.
- The service was transparent and open with all relevant stakeholders about performance, building a shared understanding of challenges to the system. They incorporated the views of relevant stakeholders to help design improvements to meet the needs of the population when these were not being met.
- There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement methods and skills were available and used across the organisation to improve the quality of patient care and outcomes.
- Staff were empowered to lead and deliver change, and safe innovation was celebrated. There was a clear and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally with the service involvement in research papers and projects, clinical trials and attendance at international cancer conferences.

However:

- Although the leaders were compassionate, inclusive and effective in their roles, there was no leadership development programme for staff members to access. Senior staff told us that they were meant to have leadership and mentorship training, but this had been put on hold due to finances. There were a number of managerial vacancies but the trust had implemented interim posts to support the staff groups without a permanent manager in post.
- Processes and arrangements for availability of patient identifiable data, records and data management systems were not robust. There were many different systems used within the different departments of the medical service that did not link together.

Outstanding practice

The trust had a proactive research and development department which meant the trust was engaged in many different research projects. We saw that the trust used beneficial findings to improve patient outcomes and to offer less invasive procedures. We saw this in particular with patients with bone tumours and soft tissue sarcomas.

Areas for improvement

- The trust should ensure lessons are learnt from incidents and that the learning is trust-wide. Staff should have sufficient understanding of terms such as 'never event' and 'duty of candour'.

Medical care (including older people's care)

- The trust should ensure all staff have the required access for all electronic systems to carry out their role effectively.
- The trust should review their policies and procedures for caring for patients with mental ill- health including those patients detained under the Mental Health Act.
- The trust should ensure all staff have the necessary training and understanding to appropriately care for patients with mental illnesses.
- The trust should review medical cover at weekends to ensure adequate cover.
- The trust should review the Bone Infection Unit strategy and performance outcomes.
- The trust should ensure staff have access to relevant specialist training to carry out their roles effectively.
- The trust should ensure all patients with communication needs have access to translation services at all times.

Surgery

Good   

Key facts and figures

The trust has ten main operating theatres covering large and small joint surgery, orthopaedic oncology and spinal surgery across one site. The trust has five surgical wards. Services across wards include spinal, arthroplasty and oncology.

The trust has 20 day case and 128 inpatient beds.

The trust had 14,304 surgical admissions from August 2016 to July 2017. Day case procedures accounted for the majority with 7,401 (51.7%), 6589 elective admissions (46%) and the remaining were emergency and non-elective admissions that accounted for 314 (2%).

During our inspection of the surgical directorate we visited the acute admissions day case unit all the surgical wards, the operating theatres and the discharge lounge. We spoke with 11 patients and visitors and 62 members of staff. These included nursing staff, health care assistants, domestic staff, consultant surgeons, junior doctors and senior managers.

We observed care and treatment and viewed 12 patient records. We receive comments from people who contacted us to tell us about their experiences. Before the inspection, we reviewed performance information from and about the hospital.

Summary of this service

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

- The service prescribed, gave, recorded and stored medicines well.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and therapists supported each other to provide good care.
- Staff cared for patients with compassion and provided emotional support to minimise their distress. 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.
- The service took account of patient's individual needs.

Surgery

- The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had effective systems for identifying and reducing risks.
- The service engaged with patients and staff to improve the service provided.
- There were planned theatre closures in April 2018 to carry out essential maintenance.

However:

- There was an inconsistent approach to the end of day WHO checklist debriefs and did not always follow best practice guidance for completion.
- New systems and processes were implemented following two serious untoward incidents relating to, 'stop before you block' but there was no date set for a re-audit to ensure compliance with best practice.
- Some staff did not find the appraisal process beneficial and described the process as 'stagnant'.
- All staff we spoke with were frustrated with the different systems to record patient information which could cause delays accessing information.

Is the service safe?

Good   

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

- There was enough staff to meet the needs of patients.
- Management encouraged staff to report incidents who received feedback to improve practice.
- Staff demonstrated an understanding of safeguarding vulnerable children and adults and understood the reporting procedures.
- Infection prevention practices were adhered to. Staff complied with bare below the elbows trust policy. Within theatres, the infection control lead had introduced a quiz to continue to improve and focus on handwashing quality.
- Staff risk assessed patients for example venous thromboembolism prevention, sepsis screening and management and at a pre-assessment clinic where they started discharge planning.
- Nursing staff used a nationally recognised tool, the medical early warning score (MEWS), to identify patients whose condition may be deteriorating and who needed to be escalated to senior clinicians.
- From November 2016 to November 2017 data from the patient safety thermometer showed that the trust reported low numbers for pressure ulcers, falls and catheter urinary tract infections (CUTIs); (eight new pressure ulcers, three falls with harm and two new CUTIs.)
- Staff used the World Health Organisation's (WHO) five steps to surgical safety checklist in theatre.
- Management maintained equipment well and staff recorded daily checks on resuscitation trolleys and fridge temperatures.
- The trust had a planned theatre 'shut down' week beginning of April 2018 to perform maintenance that has been on the risk register since 2016.

Surgery

However:

- There was an inconsistent approach to the end of day WHO debrief. Some surgeons requested the debrief to be completed whilst the patient was still on the operating table. This is not best practice.
- Management had implemented new systems and processes following two serious untoward incidents relating to, 'stop before you block' but there was no date set for a re- audit to ensure compliance with best practice.
- Therapists (occupational therapy and physiotherapy) recorded information on an electronic system which was not accessible to all staff. This sometimes caused delays in accessing information, for example when discharging patients.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance, for example the enhanced recovery programme. Staff followed (NICE) guidelines, for example, for intravenous fluid therapy.
- For hip replacements, trust performance was better than the England average overall.
- All patients at the trust had a lower than expected risk of readmission for non- elective admissions when compared to the England average.
- Staff were competent and knowledgeable and had access to update training. Patients told us they felt staff understood their conditions and were able to explain their treatment to them in a way they could easily understand.
- Staff from all disciplines and at all levels worked well together as a team for the benefit of their patients. Staff planned patients' discharge at the pre-assessment clinic and worked closely with teams outside the hospital to ensure safe discharge.
- There was a seven-day service for physiotherapy and occupational therapy and a six-day service for pharmacy in radiography with on-call out of hours.
- The dedicated pain team worked closely with the outreach team to review complex patients.

However:

- Although most staff felt their performance development reviews (PDR) were beneficial some staff felt management had not met their training needs and described feeling "stagnant".

Is the service caring?

Good ● → ←

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

- Patients spoke very highly about the care they received.
- Staff treated patients with compassion, dignity and respect.
- Staff involved patients and those close to them in decisions about their care. They gave clear explanations about procedures that patients understood.

Surgery

- The Friends and Family Test results showing patients that would recommend the surgical wards were very positive ranging from 94% to 100%.

Is the service responsive?

Good  

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

- The surgical service was responsive to patients' individual needs.
- From August 2016 to May 2017 the trust referral to treatment (RTT) rate was mostly similar to the England average.
- A Learning Disabilities lead nurse visited patients living with learning disabilities in their homes to assess their individual needs and requirements, prior to admission. This was not available during our last inspection therefore is an improvement.
- An occupational therapist had done a project to reduce falls and improve bathrooms throughout the hospital to make them dementia friendly.
- Patients and relatives were involved in a multidisciplinary approach to ensure the safe and effective discharge of patients.
- The service met the trust target of investigating complaints within 30 days.

However:

- The average length of stay for all non-elective patients at the trust was 12.3 days, which was higher than expected compared to the England average of 5.1 days. We acknowledged that this may be because their commonest emergency is acute spinal cases and non-elective activity only accounted for 5% of the trusts' overall clinical activity.
- The trust suspended national reporting of RTT from June 2017 to October 2017 due to data issues and set up a data warehouse to identify quality issues. A joint stakeholder group is overseeing this work.

Is the service well-led?

Good   

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

- There were clear governance structures with two-way communication from ward to the board. Managers were aware of risks on their risk registers and regularly reviewed them.
- Staff felt well supported by management and spoke highly of the new executive management structures.
- There was a positive culture within the surgical department where management encouraged staff to report and learn from incidents with a no blame culture. Staff were highly motivated and enthusiastic to do the best for their patients.
- Management supported and encouraged patient and staff feedback to improve practice. An occupational therapist had done an innovative project called, "The Throne", to reduce falls and improve bathrooms to make them dementia friendly.

However:

Surgery

- All staff we spoke with were frustrated with the different systems to record patient information which could cause delays accessing information. Staff told us they would prefer one electronic system to access patient information.

Areas for improvement

- The trust should ensure there is robust audit process for the WHO checklist to ensure all parts of the checklist are followed as per best practice.
- The trust should ensure audit processes are in place to demonstrate learning from incidents has been embedded into practice.
- The trust should ensure all staff have appropriate access to all relevant electronic patient care systems to carry out their role effectively.

Outpatients

Good   

Key facts and figures

The outpatients' department was open Monday to Friday and provided 26 treatment/examination rooms located over two floors. The department opening hours were:

Monday, Wednesday, Thursday 7:30am – 8pm

Tuesday 7:30am – 9pm Friday 7:30am – 6pm

The patient workload incorporated local, national and international referrals which included new referrals, post-operative and long term follow ups and patients being assessed prior to surgery.

In addition to general orthopaedics, outpatients had specialist clinics to diagnose and treat bone tumours, scoliosis, metabolic disease, rheumatology, spinal injuries, specialist shoulder conditions and sport injuries.

There were approximately 258 consultant led outpatient clinics run per week, delivered by 59 consultants.

We visited the hospital on the 23 and 24 January 2018 and our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We spoke with the senior sister and matron for the outpatient department. We also spoke with five consultants, six healthcare assistants, three qualified nurses, four reception staff and three volunteers.

During the visit we spoke with 26 patients and reviewed a range of patient records, trust policies and documents. We also reviewed information and data from a number of sources before and after the inspection.

Summary of this service

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

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 understood how to protect patients from abuse, had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service made sure staff were competent for their roles. Managers worked with staff to provide support and monitor the effectiveness of the service. Staff felt involved in the appraisal process.
- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff treated them well and with kindness and involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people. Extending clinic times and flexing the length of appointments to meet the individual.
- People could access the service when they needed it. Staff worked hard to provide patients with appointments that suited their needs and reduce any unnecessary stress.
- The service took account of patients' individual needs offering interpreter services and quiet rooms.

Outpatients

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However:

- Lessons learned from trust wide incidents were not shared. Staff were unable to describe duty of candour and were unaware of learning from recent incidents.
- Patient records were not kept in a secure environment.
- The premises provided little space for wheelchair users.
- Trust policies were not kept up to date and there was no policy covering the Mental Health Act. The service followed the 2008 Mental Health Act Code of Practice which had been superseded by the 2015 edition.

Is the service safe?

Good 

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

We rated safe as good because:

- Nursing mandatory training was meeting the trust target of 95% and staff reported that they had no problems accessing training.
- Staff demonstrated an understanding of safeguarding vulnerable children and adults at risk. There were systems in place to help protect patients from harm and abuse. There were numerous posters, banners and leaflets on display advertising multiple safeguarding agencies' contact details and how to report incidents. These also included information regarding female genital mutilation.
- Staff were aware of current infection prevention and control guidelines. Throughout our inspection we observed staff cleansing their hands regularly, in accordance with the World Health Organisation's 'five moments for hand hygiene' guidance.
- We saw evidence that resuscitation trolleys were checked regularly and equipment was mostly appropriately stored.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or challenging behaviour.
- Emergency drugs were kept within a locked area in the utility room and all injectable medications were securely locked away. We saw evidence that expiry dates were checked regularly and restocked by the pharmacy team. The emergency trolley was clean and checked daily and audit sheets were completed.
- Staff knew how to report incidents, had access to the incident reporting system and were able to use the system. Staff had knowledge of recent outpatient incidents and could describe learning that had occurred as a result.

However:

- Learning from incidents from outside of the department was not shared. We asked 14 members of staff, about recent never events and serious incidents in the trust; however they told us they did not know anything about them. This was a lost opportunity to share lessons learned and prevent similar incidents from reoccurring.
- Medical and dental staff had a training completion rate of 80% across mandatory training and were not meeting the trust target of 90%.

Outpatients

- In three sets of notes we found unsigned and undated consent forms, although we had no evidence to demonstrate that patients had received treatment without consent. We saw evidence of delays of up to 33 working days between the department completing a consultation to letters being signed and sent.
- Patients' records were stored in unlocked trolleys in areas accessible to patients and visitors. We also saw a computer with the clinic management system open and unmanned which could have led to a breach of patient confidentiality.
- We spoke with 11 staff members who were all aware of the term 'duty of candour' but were unable to fully explain what duty of candour entailed when questioned. The trust provided training as part of mandatory training days. Staff told us that they had not had any experience of applying it nor feedback on when it had been applied trust wide. However, the trust submitted evidence that duty of candour had been applied in one case in October 2017.

Is the service effective?

Not sufficient evidence to rate ● ➡ ➡

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

We do not currently rate the effectiveness of outpatient services. However, we found the following areas of good practice:

- Patient needs were assessed and plans of care and treatment were in place. Health care professionals worked together to plan and implement care and treatment for individual patients as per evidence based guidance. We saw that patients care plans and pathways were structured with clear outcomes in place for individual patients.
- Staff received dementia training and the trust had a dementia lead. Staff told us they could approach matrons and had access to an advocate. If a patient had dementia staff told us they would request a chaperone and a learning disabilities specialist attend the appointment. Staff told us the learning disability practitioner was very proactive.
- The trust encouraged patients to complete a Patient Reported Outcome Measures (PROMs) questionnaire using an online system. This enabled patients to describe how their condition impacted on their quality of life for example .Staff told us that the system reduced the need for repetitive questioning and aided consultants when considering treatment options.
- Staff were competent and trained to carry out their roles, meet the needs of patients and were supported to undertake training to enhance their knowledge and skills.
- We observed nursing and medical staff working well together to provide the outpatient clinics. The outpatients department had regularly monthly meetings for all staff members to attend.
- Each floor had a water station with a plentiful supply of cups. There were two cafés onsite selling hot drinks, snacks and meals.

However

- We saw that trust policies were accessible on the trust intranet however of the 10 checked only one policy was within its review date.

Is the service caring?

Good ●

Outpatients

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

- We spoke with 26 patients during our inspection and all spoke highly of the care and compassion they were shown by all the staff they encountered during their time in the hospital.
- We saw staff treating patients with compassion and professionalism. There were quiet rooms available where staff could hold sensitive conversations with patients and relatives if required.
- Chaperones were available to be booked prior to appointments; however, we also saw chaperones assisting at the last minute. The trust had a chaperone policy which was available on the intranet and the service was advertised on the department walls.
- Patients we spoke with said that they had received good information about their care and treatment and had been involved in decisions about their care.
- Staff recognised when patients needed additional support to help them understand and ask relevant questions about their care and treatment. Staff had telephone access to language interpreters if they were required and interpreters could attend appointments when booked in advance.
- Patients we spoke with said that they had received good emotional support and felt that they been given ample time in which to ask questions.

However:

- We observed a member of staff enter the waiting area and announce that a consultant was unavailable and that patients would be seen by another consultant. This was done in a public setting with no option to rebook or ask questions if the patient felt they needed.

Is the service responsive?

Good 

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

The trust planned and provided services in a way that met the needs of local people by extending clinic opening times and introducing patient centred clinic templates. Patients could check in using a check-in kiosk, or could visit the outpatient reception desk to be checked in all of which linked into an overall clinic management system. Patients told us that check-in was “painless” and easy to use.

- Staff we spoke with said they liked the clinic management system and it gave them real time information on when patients’ had checked in, how long they had been waiting and how long their consultation was. The system linked to the screens in the waiting area and the café.
- The trust took account of patient individual needs through alerts on the clinic management system. This included alerting staff when patients attended living with the following learning disabilities, dementia, and /or language needs.
- Staff had telephone access to language interpreters if they were required and interpreters could attend appointments when booked in advance. Staff could also access sign language interpreters to attend appointments.
- Since the last inspection the trust had introduced the role of learning disabilities practitioner (LDP) in April 2017. Staff told us that the LDP was very proactive and helpful and they had received individual advice and support.

Outpatients

- People could access the service when they needed it. The trust had made improvements to clinic waiting times however delays still occurred within the service. On our previous inspection staff told us that the clinic booking system was complicated and 'block booking' of patients for appointment slots was happening for some clinics. On this inspection staff told us that they liked the new clinic management system and that it was very easy to use and to update.
- The trust's performance was better than the 93% operational standard for people being seen within two weeks of an urgent GP referral. Staff told us that the consultant nurse and advanced nurse practitioners triaged patients in the two week wait clinic to reduce waiting times.
- We saw Patient Advice and Liaison Service (PALS) leaflets on display within the department. Staff told us that the sisters were very responsive at managing complaints and would talk to patients direct when complaints were made onsite, failing that they would refer the patient to the PALS service.

However:

- There was little space for wheelchair users and we saw patients in wheelchairs waiting by the doorway leading to the department or outside the reception area separate from other patients.
- There was limited signage which was only available in English, and staff we spoke with expressed the need for signage detailing specific areas such as the quiet room, ultrasound, pre-operative assessment and therapy services. Staff and patients both commented that the toilet sign was too small.
- Staff told us that the booking system did not interface with the existing patient administration system (PAS). This had caused incidents where patients could attend although their appointment had been cancelled, causing inconvenience for the patient.
- Data showed an increasing trend in the number of did not attend appointments (DNA) and the trust was consistently higher than the England average. The trust was unable to provide reasoning for the increasing DNA rate.
- From December 2016 to May 2017 the trust's nationally reported referral to treatment time for both non-admitted and incomplete pathways had been lower than the England overall performance. From June 2017 to November 2017 the trust monitored the RTT internally, but did not report them nationally until they were assured they were validated, however they remained below the national average.
- Patients suggested that an audible alert would be helpful and we saw staff enter into the waiting room to call patient names however this was not consistent for all patients. One patient said that they found the room acoustics to be of discomfort due to the television noise, general chatter and through noise from the passage.

Is the service well-led?

Requires improvement



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

We rated well-led as requires improvement because:

- Learning from incidents across the trust was not shared. We found no formal process for cascading trust wide incident information and staff told us that learning was shared only at a senior level. Serious incidents had occurred in the department which were similar to others in surgery and staff had lost the opportunity to intervene and possibly prevent the se due to their lack of awareness relating to the learning identified previously.

Outpatients

- Meeting minutes displayed on the staff notice board lacked detail and had no evidence of lessons learnt. Although, we found evidence of learning that took place locally.
- Not all staff members were aware of the quality dashboard containing key performance indicators and were unable to describe any action plans created as a result of these.
- At the time of inspection there was no strategy for the outpatient department and staff were not able to explain the overall trust strategy.
- The trust governance strategy, with contributions from outpatients was recently updated . Staff told us that the divisional structure felt “too hierarchical” and that there was not much cross talk below the clinical service lead level in different divisions. There was also concern regarding recent management turnover.
- The risk register contained 10 risks and did not give any detail on when risks had been logged nor how long they had been open.
- Quality assurance audits had been carried out in outpatients to evaluate performance in quality and safety, WHO and oversight of serious incidents and learning. However, staff were unable to describe actions that had resulted from these audits and we saw no evidence of staff receiving lessons learnt.
- Staff told us that the trust did not have a ‘proper spinal database’ to assess patient outcomes.
- Staff told us that no data packs were shared with consultants regarding the trust financial performance, quality metrics, efficiency metrics or activity metrics. They felt that these items were not routinely discussed.
- Staff told us that clinic delays should be logged on the system within the same 24 hours and that the system had an option to log delay reasons. However, not all staff kept the clinic management system updated with the current waiting times despite having had this brought to their attention.
- The trust employed a computer program to record patient PROMs data to aid clinical decision making, measure patient experience and outcomes. However, staff told us that not all consultants used the PROMs system and that the system required a more consistent approach to its use to make the outcomes more meaningful.
- Staff told us that they had access to policies and patient information leaflets electronically on the intranet, and confirmed that this ensured that information was easily accessible. However, we saw that only one policy out of the 10 checked were within its review date, one policy had a review date dated 2014.
- Some innovations such as the mobile phone application check-in system and the PROMs system had not imbedded well in practice. Neither staff nor patients were aware of the mobile application and staff told us that the PROMs system was underused.

However

- The outpatient managers were experienced and capable of leading their teams and had an understanding of the challenges to quality and sustainability in their areas. Staff said that their line managers were approachable and supportive and “led from the front”.
- Staff we spoke with told us that the trust values were excellence, respect, compassion, pride, openness and innovation. We saw evidence of staff demonstrating these values within the department.
- There was a positive culture in outpatient areas which centred on the needs and experience of people who used the services.
- Senior staff told us that the trust had introduced a quality dashboard containing 20 key performance indicators (KPIs) including quality and safety, WHO and oversight of serious incidents and learning.

Outpatients

- We saw evidence that people's views and experiences were gathered through the patient surveys that were handed to patients at the end of their appointment. Staff we spoke with said compliments were regularly fed back to staff and complaints were discussed with a non-blaming approach.

Areas for improvement

- The trust must improve staff understanding of the processes involved in exercising the duty of candour in particular what they should expect at a practical level including record keeping.
- The trust must improve the flow through the outpatients so patients are not kept waiting for appointments.
- The trust should review its process for cascading learning from incidents, and how it assures itself feedback from
- The trust should review and improve the security of patients' notes within the outpatient department.
- The trust should ensure that their audit and governance systems remain effective and that staff are made aware of results from audits and changes in practice.
- The trust should ensure that all staff are able to access mandatory training so that trust targets for completion are achieved.

Our inspection team

This inspection was overseen by Tracey Halladay, head of hospitals inspections and led by Donna Sammons, inspection manager. An executive reviewer supported our inspection of well-led for the trust overall.

The team included seven inspectors, an assistant inspector, three executive reviewers and six specialist advisers.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.