

Royal Papworth 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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

Royal Papworth Hospital is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. The hospital offers a range of services for outpatients and inpatients, including cardiac, thoracic, transplant, radiology and pathology services.

Royal Papworth Hospital is a regional centre for the diagnosis and treatment of cardiothoracic disease, it is also a national centre for a range of specialist services including pulmonary endarterectomy (PEA), balloon pulmonary angioplasty (BPA), heart and lung transplant and extra corporeal membrane oxygenation (ECMO). Royal Papworth Hospital has the largest respiratory support and sleep centre (RSSC) in the UK.

The hospital is a purpose-built hospital on the Cambridge Biomedical Campus and treats more than 100,000 patients each year from across the UK.

(Source: Trust Website / Acute RPIR – Context acute tab)

The trust has 244 inpatient beds, physical capacity for 46 critical care beds and employs approximately 1,770.53 whole time equivalent staff.

Between March 2018 and February 2019, the trust saw:

- 20,727 inpatient admissions
- 107,402 outpatient appointments
- 168 deaths

(Source: Trust Website / Acute RPIR – Context acute tab)

Overall summary

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

What this trust does

The trust offers a range of services for outpatients and inpatients, including cardiac, thoracic, transplant, radiology and pathology services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 18 June and 26 July 2019, we inspected four core services and an additional core service. We inspected Medical Care (including older people's services), surgery, critical care, outpatients and diagnostic imaging. We inspected these services as part of our continual checks on the safety and quality of health care and in line with our inspection methodology.

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, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led? We inspected the well-led key question between 25 and 26 July 2019.

What we found

Overall trust

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

- We rated safe effective, caring, responsive and well-led as outstanding at core service level.
- We rated Medical care, surgery and diagnostic imaging as outstanding overall.
- We rated critical care and outpatients, as good overall.
- During this inspection, we did not inspect end of life care services. The ratings published following our previous inspection form part of the overall rating awarded to this trust following this inspection. At our last inspection, end of life care services was rated as good overall.
- The aggregated rating for well-led at core service level was outstanding and we rated well-led at trust-wide level, which is a separate rating as outstanding. When aggregated with the core services, this gives a rating of outstanding for the overall trust.

Are services safe?

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

- We rated safe in medical care (including older people's services) and outpatients as outstanding and we rated safe in surgery, critical care and diagnostic imaging as good. When aggregated, this gives safe a rating of outstanding.
- There were comprehensive systems to keep people safe, which were based on current best practice.
- A proactive approach to anticipating and managing risks to people who used services was embedded and was recognised as the responsibility of all staff throughout the trust.
- All staff were engaged in reviewing and improving safety and safeguarding systems through regular safety huddles.
- 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 they knew how to apply it. There were clearly defined, and embedded systems, processes and standard operating procedures to keep patients safe and safeguarding from abuse.
- Specialist teams supported staff and those in vulnerable circumstances. There was a very good multidisciplinary approach to working and sharing responsibility with other stakeholders.

Summary of findings

- People who used services and those close to them were actively involved in managing their own risks.
- Infection risks were controlled well. Staff used specialist equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Extra cleaning precautions were undertaken where necessary, for example in rooms where patients presenting with cystic fibrosis received care and treatment.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. The design of the environment had been equipped with modern equipment to keep patients safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks when they were identified. Staff identified and quickly acted upon patients at risk of deterioration.
- Services had enough medical and nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- There was a genuinely open culture in which all safety concerns raised by staff and people who used services were highly valued as being integral to learning and improvement. Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Services provided mandatory training in key skills to all staff and had plans to ensure everyone completed it.
- Services used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Within some services such as medical care (including older people's services) and diagnostic imaging not all staff had completed their annual mandatory training.

Are services effective?

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

- We rated effective in medical services (including older people's services) and surgery as outstanding and we rated effective in critical care as good. We do not rate effective in outpatients and diagnostic imaging.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to all patients who used the hospital's services.
- The safe use of innovative and pioneering approaches to care and how it was delivered was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. For example, on the critical care unit, the physiotherapy team had innovative projects underway to improve patient care. The service had recently introduced the use of the Passy-Muir valves which allowed patients to speak whilst ventilated alongside other clinical benefits including improved swallowing and secretion management.

Summary of findings

- Services provided care and treatment that was based on evidenced based techniques and technologies and national guidelines to support the delivery of high-quality care. Managers checked to make sure staff followed guidance. There was a strong commitment to research, development and learning throughout the trust.
- Opportunities to participate in benchmarking and peer review were proactively taking place, including participation in approved participation schemes with high performance being recognised by credible external bodies. The trust monitored the effectiveness of care and treatment and used the findings to improve services. They participated in relevant national audits and compared results with those of other similar services.
- Staff protected the rights of patients who were subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Services made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services. They supported each other to provide holistic, patient focussed care and multidisciplinary teams worked together to benefit patients. .
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Are services caring?

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

- We rated caring as outstanding in medical care (including older people's services) and surgery as outstanding and we rated caring in critical care, diagnostic imaging and outpatients as good.
- Feedback from patients and those close to them was extremely positive throughout the services we inspected. Patients told us that staff went the extra mile when providing care for them. Patients and carers had been engaged with throughout the development of the new hospital.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and our observations of care confirmed that staff used a person-centred approach to the delivery of care. Staff were passionate and highly motivated to deliver a high standard of care that was kind and promoted the dignity of care.
- Relationships between patients, those close to them and staff were caring, respectful and supportive and these relationships were promoted by leaders and were highly valued by staff. Patient's emotional and social needs were seen by staff to be as important as their physical needs.

Summary of findings

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff placed patients and those close to them at the centre of their care and were valued as partners in decisions about their care and treatment. Throughout our inspection, patients and those close to them reported feeling involved in decisions about their care and were given relevant information to be able to make informed choices.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Patients could easily access chaplaincy services to meet their religious or spiritual needs. Throughout our inspection we observed staff providing emotional support and advice when patients needed it. Nursing and medical staff made time to speak with relatives and patients.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Nursing staff on the cystic fibrosis (CF) ward were very knowledgeable about the needs of patients presenting with CF, these are typically a younger group of patients with a different set of needs both emotionally and socially. For example, these patients are more likely to find it difficult being isolated from their friends.

Are services responsive?

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

- We rated responsive in medical care (including older people's services) and diagnostic imaging as outstanding and we rated responsive in surgery, critical care and outpatients as good.
- Services were planned and provided care in a way that met the needs of local people and the communities it served. Staff also worked with others in the wider system and local organisations to plan care. Within medical care services, there were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple needs.
- Patient's individual needs and preferences were central to the delivery of tailored services. Services provided were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access services and appointments in a way and at a time that suits them. Technology was used innovatively to ensure people have timely access to treatment, support and care. People received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Technology was used innovatively to ensure patients had timely access to treatment, support and care.
- It was easy for people to give feedback and raise concerns about care they had received. Services treated concerns and complaints seriously, investigated them and shared lessons learned with staff. Where possible, concerns were resolved locally.

However:

- Vacancies within the nursing staff team affected surgical and critical care bed capacity.

Are services well-led?

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

- We rated well-led in medical care (including older people's services), surgery and diagnostic imaging as outstanding and we rated well-led in critical care and outpatients as good.

Summary of findings

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff spoke highly of leaders throughout the trust and concurred they were approachable, visible and had a shared commitment to providing a high standard of care and treatment for patients.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Services promoted equality and diversity in daily work and provided opportunities for career development. There was an open culture where patients, their families and staff could raise concerns without fear of reprisal.
- Leaders operated effective governance processes, throughout services and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Services collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Information systems were integrated and secure. Data and notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in audits.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Safe innovation was strongly encouraged throughout services and was recognised and celebrated by the trust.

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 considered all ratings in deciding overall ratings.

Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found areas of outstanding practice in medical care (including older people's services), surgery, critical care, outpatients and diagnostic imaging.

For more information, please see the outstanding practice section of this report.

Areas for improvement

We found six things 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 the quality of services.

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

Summary of findings

What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our scheduled inspections.

Outstanding practice

Trust Wide

- The trust had significantly invested in improving digital maturity and introduced new functionality such as 'On the Wall' screens in clinical areas to capture and display patient vital signs and monitoring.
- The trust achieved interoperability between their electronic patient record and the local NHS trust IT system through a two-way interface to record laboratory result to share patient details and speed up diagnosis and treatment.
- The trust was introducing an interface known as Open Health Connect which will enable the trusts IT systems to communicate with those used in the community.
- The trust adopted E-Prescribing, with a reduction in medication errors and reduced the organisations carbon footprint by removing paper charts and reducing paper use.
- Royal Papworth won the Tech Project of the Year category at the Health Tech Newspaper Awards 2018.
- Staff were supported to celebrate innovation and the trust ran staff awards on an annual basis a category to celebrate innovation in practice. The 2019 Awards were held recently at the new Royal Papworth Hospital site, prior to being fully occupied.

Medicine

- The service implanted its first revolutionary CardioMEMS device (December 2018), which will allow doctors to monitor heart failure patients from home. Doctors believe CardioMEMS devices will reduce the risk of long and expensive hospital admissions and patient feedback was positive.
- There was a commitment to research within all areas of the medicine core service with high levels of participation in clinical trials for eligible patients. Staff at all levels were committed to improving treatments and patient experience.
- The service was able to offer novel and highly specialist treatments. There was development of innovative care and early development of unique diagnostic tools such as in lung cancer. Whilst at an early stage, this was supported by close collaboration with engineers, academic and clinical staff on the healthcare campus in Cambridge.
- Design of the catheter lab and patient pathway for patients having an acute heart attack was excellent. Time from door to needle was only a few minutes for the majority of patients requiring intervention. More widely the labs were designed in collaboration with clinical staff to ensure they were optimal environments to deliver care as well as allowing for expansion of the service in coming years.
- There was the use of ultraviolet decontamination in the respiratory/ cystic fibrosis unit to ensure the environment was as safe as possible for vulnerable patients.
- Medical, nursing and allied health staff were supported into highly specialist roles. Many had developed relationships with clinical staff across the country and further afield to ensure they were at the forefront of their specialty.
- There had been significant investment in technology and equipment. This had allowed accurate reporting and escalation of patients as well as providing clear audit trails.

Summary of findings

- We saw excellent multidisciplinary working both formally at internal and external/ regional MDT meetings and informally in clinical areas. There was appropriate challenge and clinical questioning from all profession and grade of staff and all were listened to with respect. Staff were clear that they relied on this MDT working to provide the best possible care for patients.

Surgery

- Royal Papworth Hospital became the first in Europe to remove a chest tumour using a minimally invasive technique that reduces patient recovery time and minimises pain and side effects. A consultant surgeon worked with consultant anaesthetists at the hospital to perform the pioneering procedure (called subxiphoid non-intubated thymectomy) on a patient who presented an anterior mediastinal tumour called thymoma with associated myasthenia gravis, a condition which weakens body muscles.
- Royal Papworth Hospital recently had one of its cardiothoracic surgeons appointed as the Associate National Clinical Lead for Organ Retrieval for NHS Blood and Transplant. They are the first Royal Papworth surgeon and the first ever cardiothoracic surgeon to hold the position and will be in post for the next three years.
- Royal Papworth Hospital performed its 2,000 pulmonary endarterectomy (PTE) procedure, 23 years after the hospital's first in 1996. This is the second biggest PTE series in the world and is one of the most active currently, with nearly 200 operations carried out each year. Royal Papworth remains the only centre in the UK offering the service with some of the best long-term outcomes internationally.
- Royal Papworth Hospital's pioneering donation after circulatory death (DCD) heart transplant programme reached a significant milestone when clinicians used the new life-saving technique on the 50th patient. That transplant took place in October 2018, and since then surgeons and physicians have taken the total number of non-beating heart transplants to 68.
- Two surgeons from Royal Papworth Hospital won the 'Pioneering Hero' award at the ITV NHS Heroes Awards in 2018, a special event to celebrate the 70th anniversary of the NHS. Staff received the award in recognition of their work to establish a new type of heart transplantation at Royal Papworth Hospital.
- The trust's transplant team picked up the accolade for 'Excellence in Organ Retrieval' at the 'Inaugural UK Awards for Excellence in Organ Donation and Retrieval'. The judges praised the entire hospital staff for several reasons, including completing five transplants in 36 hours last year. Other achievements during the year included a world record in the number of adult donation after circulatory death (DCD) heart retrievals, resulting in a 40% increase in the number of patients who have benefitted from transplantation, leading to a significant reduction in the hospital's heart transplant waiting list.

Critical Care

- The continuous development of staff's skills, competence and knowledge was recognised as being integral to ensuring high quality care within the service. The service's practice development team had developed educational programmes for every grade of staff which included an in-house university accredited course and extensive leadership training.
- New evidence-based techniques and technologies were used to support the delivery of high-quality care. The physiotherapy team had innovative projects underway to improve patient care. The service had recently introduced the use of the Passy-Muir valves which allowed patients to speak whilst ventilated alongside other clinical benefits including improved swallowing and secretion management. The service had also recently trained three of their physiotherapists to perform lung ultrasound scans which can help diagnose lung conditions and help inform

Summary of findings

treatment options. The ultrasound scans could be performed at the patient's bedside without exposing them to ionising radiation like more traditional diagnostic options. The service was also working on introducing high-flow oxygen for tracheostomy patients. This had been shown to improve oxygenation and decrease the work of breathing in critically ill patients.

- The service had consistently high levels of constructive engagement with staff. The service gathered feedback from staff and provided through different formats throughout the move to a new site and leaders within the service demonstrated commitment to acting on their feedback.

Outpatients

- Systems and processes to minimise the spread of infection were outstanding. The air filtering and ultraviolet cleaning systems were innovative, and precautions to protect patients particularly prone to infection were well thought out and fully embedded.

Diagnostic Imaging

- The senior leadership team as well as staff told us the continued development and improvement of the service was central to their role.
- The way in which radiographers' scope of practise was extended in certain areas contributed to safer and better patient experience.
- Members of the diagnostics and imaging department were engaged in the start of all new services which enhanced the patient pathway.
- Clinicians worked with other hospitals and agencies to do specialist reviews and share expertise and learning.

Areas for improvement

Action a trust SHOULD take to comply with a minor breach that did not justify regulatory action, to prevent it from failing to comply with legal requirements in the future, or to improve services.

Medical care (including older people's services)

- The service should continue to address mandatory training compliance.

Critical Care

- The service should continue to work to reduce the number of cancelled operations due to critical care beds not being available.
- The service should continue to audit the response times for the Alert team to evidence the service is meeting its targets.

Diagnostic Imaging

- The service should continue to address recruitment to ensure a permanent workforce of radiographers.
- The service should continue to address mandatory training compliance for allied health professionals and medical staff.
- The service should review the way it collects patient feedback to reflect the views of patients using the diagnostic imaging department.

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 as outstanding because:

- The trust board, executives and senior leadership team had the skills, knowledge, integrity and experience needed to provide high quality services on appointment and throughout their employment. Staff spoke highly of the senior leadership team. They told us they found them approachable and that they were visible. Senior leaders had a shared commitment to ensure patients received a high standard of care and treatment.
- The trust board were cohesive and had a breadth and depth of understanding about what worked well throughout the trust and where areas for improvement could be made.
- The trust had effective processes to ensure employment checks were undertaken for executive staff and this was in line with the Fit and Proper Persons Requirements (FPPR).
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Managers at all levels at the trust were committed to promoting a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff felt supported, respected, and valued. The organisational values were well publicised and embedded by staff throughout the trust.
- Throughout our well-led inspection, we saw evidence of collective leadership from the trust board with a strong focus on staff well-being and delivering patient-centred care.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers and leaders regularly reviewed these structures.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were current, and risks were appropriately escalated and monitored. The board assurance framework detailed strategic risks, and these were understood by all the senior leaders we spoke with throughout our inspection.
- The trust had invested in information technology and had robust security systems that had been tested. Data sources were reliable, and dashboards were used to monitor performance over time.
- Leaders of all levels understood the risks within their service and were working to mitigate risks throughout the trust.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There was a high level of engagement with patients, staff, members of the public and local organisations to plan and manage appropriate services. The trust also collaborated with partner organisations effectively.

Summary of findings

- Throughout our core service inspection and staff focus groups, feedback about the executive team was positive. Staff felt that senior leads were invested in the clinical work of the service. Staff told us the senior leadership team, including the board were engaging and approachable. The chief nurse often undertook clinical shifts and worked alongside staff within the trust.
- Staff at all levels were actively encouraged to speak up and raise concerns. The trust had effective channels for staff to raise concerns if they did not want to raise them through their manager.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Senior leaders were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

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
Outstanding ↑ Oct 2019	Outstanding →← Oct 2019	Outstanding →← Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019

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

Ratings for Royal Papworth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Outstanding ↑↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑↑ Oct 2019
Surgery	Good →← Oct 2019	Outstanding →← Oct 2019	Outstanding →← Oct 2019	Good →← Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019
Critical care	Good →← Oct 2019	Good ↓ Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Outstanding Oct 2019	Not rated	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Diagnostic imaging	Good Oct 2019	Not rated	Good Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019
Overall*	Outstanding ↑ Oct 2019	Outstanding →← Oct 2019	Outstanding →← Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019

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

Royal Papworth Hospital NHS Foundation Trust

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Key facts and figures

Royal Papworth Hospital is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. The hospital offers a range of services for outpatients and inpatients, including cardiac, thoracic, transplant, radiology and pathology services.

Royal Papworth Hospital is a regional centre for the diagnosis and treatment of cardiothoracic disease, it is also a national centre for a range of specialist services including pulmonary endarterectomy (PEA), balloon pulmonary angioplasty (BPA), heart and lung transplant and extra corporeal membrane oxygenation (ECMO). Royal Papworth Hospital has the largest respiratory support and sleep centre (RSSC) in the UK.

The hospital is a purpose-built hospital on the Cambridge Biomedical Campus and treats more than 100,000 patients each year from across the UK.

(Source: Trust Website / Acute RPIR – Context acute tab)

The trust has 244 inpatient beds, physical capacity for 46 critical care beds and employs approximately 1,770.53 whole time equivalent staff.

Between March 2018 and February 2019, the trust saw:

- 20,727 inpatient admissions
- 107,402 outpatient appointments
- 168 deaths

(Source: Trust Website / Acute RPIR – Context acute tab)

Summary of services at Royal Papworth Hospital NHS Foundation Trust

See overall summary above.

Our rating of services improved. We rated it them as outstanding.

Medical care (including older people's care)

Outstanding   

Key facts and figures

Royal Papworth Hospital NHS Foundation Trust is a regional centre for the diagnosis and treatment of cardiothoracic disease for patients in the East of England, is also a national centre for a range of specialist services including heart and lung transplantation, pulmonary endarterectomy (PEA) and extra corporeal membrane oxygenation (ECMO) and has the largest respiratory and sleep centre in the UK.

Core services include:

- Cardiac services - interventional cardiology (coronary intervention and structural intervention), electrophysiology and devices, diagnostics and physiology.
- Thoracic services - lung infection (cystic fibrosis, immunology and lung defence), interstitial lung disease, pulmonary vascular disease, respiratory physiology, respiratory support and sleep centre (RSSC) and thoracic oncology.

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 17,547 medical admissions from January to December 2018. Emergency admissions accounted for 1,281 (7.3%), 6,030 (34.4%) were elective, and the remaining 10,236 (58.3%) were day case.

Admissions for the top three medical specialties were:

- Respiratory medicine: 9,961
- Cardiology: 7,084
- Adult cystic fibrosis service: 488

(Source: Hospital Episode Statistics)

During the inspection we spoke with 37 staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with 8 patients and their relatives, reviewed 16 patient records and considered other pieces of information and evidence to come to our judgement and ratings. We visited 6 clinical areas including wards, catheter laboratories, and day procedure unit.

At our last inspection (December 2014), medicine was rated requires improvement overall with effective and caring rated good; safe, responsive and well-led rated as requires improvement.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept accurate care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Medical care (including older people's care)

- Staff provided outstanding care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- There was a truly integrated approach to assessing, planning and delivering care and treatment to all patients who used the service. Staff treated patients with compassion and kindness and provided care which respected their privacy and dignity and took account of their individual needs. Staff recognised patients' emotional and social needs as being as important as their physical needs, addressed them, respected the totality of peoples' needs and helped them understand their conditions. They provided emotional support and information to patients, families and carers in innovative ways.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Outstanding ☆ ↑↑

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

- 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 they knew how to apply it.
- The service controlled infection risk well. Staff used specialist equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment in relation to the number of patient beds. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service provided mandatory training in key skills to all staff but due to the recent need to undertake familiarisation training ready for the move to the new location a decision was made to purposefully delay mandatory training to maintain safety throughout the move to the new building.

Is the service effective?

Outstanding  

Our rating of effective improved. We rated it as outstanding because:

- The service provided care and treatment that was based on new evidenced based techniques and technologies and national guidelines to support the delivery of high-quality care. Managers checked to make sure staff followed guidance. Staff protected the rights of patients who were subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes, Quality in Primary Immunodeficiency Services (QPIDS). Opportunities to participate in benchmarking and peer review were proactively pursued and outcomes for people who used services were positive, consistent and regularly exceeded expectations.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services. They supported each other to provide holistic, patient focussed care.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Medical care (including older people's care)

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- There was a strong visible person-centred culture throughout the service. Staff were highly motivated and passionate about ensuring patients received care that was kind and protected their dignity. Relationships between patients, those close to them and staff were compassionate, supportive and respectful.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of the totality of their individual needs. Feedback from patients and their families was continually positive and patients felt staff went "the extra mile".
- Patients who used the service and those close to them were active partners in their care and staff demonstrated a commitment to working in partnership with patients.
- Staff at all levels empowered patients to have a voice. Patients choices and preferences were always tailored to meet their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress through a variety of ways. They understood, respected and valued patients' personal, cultural and religious needs and found ways of addressing them. Staff supported patients to create and maintain links with their support networks, carers and family.
- Staff found innovative ways to support and involve patients, families and carers to understand their condition, make decisions about their care and treatment and maintain their independence.

Is the service responsive?

Outstanding  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple needs. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access services and appointments in a way and at a time that suits them. Technology was used innovatively to ensure people have timely access to treatment, support and care. People received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Medical care (including older people's care)

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint and could demonstrate where improvements had been made as a result of learning from reviews.

Is the service well-led?

Outstanding ☆ ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable and were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. Governance arrangements were proactively reviewed and reflected best practice. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. Services were developed with the full participation of those who used them, staff and external partners.
- All staff were committed to continually learning and improving services. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate.

Medical care (including older people's care)

- Safe innovation was celebrated. There was a clear, systematic 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.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found one area for improvement in this service. See the areas for improvement section above.

Surgery

Outstanding  

Key facts and figures

Royal Papworth Hospital NHS Foundation Trust's surgical portfolio includes:

- Cardiac surgery – all adult cardiac surgery including coronary artery bypass grafting; valve replacement and repair surgery; thoracic aortic surgery; arrhythmia surgery.
- Thoracic surgery - surgical treatment of all benign and malignant thoracic disease including lung cancer; lung resections; pleural disease; chest wall surgery; advanced bronchoscopy and airway surgery; metastasectomy; thoracic sarcoma; lung volume reduction surgery; hyperhidrosis; treatment of thoracic endometriosis and thoracic trauma.
- Pulmonary endarterectomy surgery for pulmonary hypertension - currently the only UK hospital commissioned to provide this service.
- Transplantation and advanced heart and lung failure support - lung and heart including donation after cardiac death (DCD) transplantation, mechanical circulatory support and extra-corporeal membrane oxygenation (ECMO).
- Other surgical services such as endovascular stenting and minimal access (keyhole) procedures.
- The transplant service also provides a national organ retrieval services (NORS) for both adult and paediatric organ retrieval.

(Source: Routine Provider Information Request (RPIR) Acute – context tab)

The trust had 3,050 surgical admissions from January to December 2018. Emergency admissions accounted for 233 (7.6%), 411 (13.5%) were day case, and the remaining 2,406 (78.9%) were elective.

(Source: Hospital Episode Statistics)

Due to the number of core services inspected, our inspection of Royal Papworth Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During our inspection of the surgery core service, we spoke with 50 members of staff including doctors, surgeons, nurses, therapists, health care assistants and non-clinical staff. We spoke with seven patients and their relatives, reviewed 25 sets of patient records and considered other pieces of information and evidence to come to our judgement and ratings. We visited six clinical areas including wards, operating theatres, and the day procedure unit.

At our last inspection in December 2014, surgery was good overall with effective and caring rated outstanding, with safe, responsive and well-led rated as good. The trust moved to a purpose designed hospital in April 2019.

Summary of this service

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

- Staff provided outstanding care and treatment. Managers consistently monitored the effectiveness of the service, ensured staff were competent within their roles and participated in local national audits to improve patient outcomes.

Surgery

- Staff of all types worked together in innovative ways for the benefit of patients. Patients accessed up to date advice on how to lead healthier lives, staff supported them to make decisions about their care, and key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment and care. Patients we spoke with told us they felt safe, that the care they received was appropriate to their needs and would recommend the care to others. Staff provided emotional support to patients, families and carers to promote their wellbeing whilst in hospital and following discharge.
- The service planned care to meet the needs of people both locally and nationally. They took account of patients' individual needs and made it easy for people to give feedback. Patients could access the service when they needed it and care staff planned and delivered individualised care.
- Leaders managed services using reliable information systems and supported staff to develop their skills. They successfully managed the relocation of services to the new hospital site and ensured there was no disruption to service for patients during the change of service.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Leaders, managers and staff focused on the needs of patients receiving care and used innovative treatment and technology to improve patient lives. Staff were clear about their roles and accountabilities. The service engaged with stakeholders to plan and manage services and all staff were committed to continuously improving services.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and had plans to ensure everyone completed it.
- 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 they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. Staff used technology in innovative ways to improve and promote patient outcomes.
- Staff completed and updated risk assessments for each patient and acted to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.

Surgery

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Outstanding ☆ ➡ ➡

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. There was a truly holistic approach to assessing, planning and delivering care.
- The service used safe innovative and pioneering approaches to care and how it was delivered and encouraged. New evidenced based techniques and technologies were used to support the delivery of high-quality care.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined up care to people who used the services.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and outstanding outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The systems to manage and share information to deliver effective care were fully integrated and provided real time information across teams and services.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used agreed personalised measures that limit patients' liberty.

Surgery

Is the service caring?

Outstanding ☆ ➡ ➡

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

- Feedback from people who use the service, those close to them and stakeholders is continually positive about the way staff treated people.
- Patients we spoke with said that staff consistently went the extra mile to ensure the care they received exceeded their expectations.
- Staff recognised and respected the totality of people's needs, always considering their cultural, personal, social and religious needs.
- People who used the service felt like active partners in their care. Staff were committed to working in partnership with people and making this a reality for each individual.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. People's emotional and social needs were highly valued by staff and embedded in their care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ➡ ➡

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers care.
- Most people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Vacancies within the nursing staff team affected surgical bed capacity.

Is the service well-led?

Outstanding ☆ ↑

Surgery

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data and notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in audits.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Critical care

Good   

Key facts and figures

Royal Papworth Hospital NHS Foundation Trust's critical care service is led by dedicated consultant intensivists and care is delivered by a multidisciplinary team (MDT) which works closely with all other specialists within the hospital. The MDT includes medical, nursing (including nurse consultant), physiotherapy, pharmacy, dietetics, occupational therapy, speech and language therapy and health care scientists.

The critical care unit also cares for patients following primary percutaneous coronary intervention (PPCI) for an acute coronary syndrome (ACS) who may have had an out of hospital cardiac arrest (OHCA).

As a national tertiary referral centre, the trust accepts patients with cardiac and/or respiratory failure for mechanical support with extra-corporeal membrane oxygenation (ECMO) or ventricular assist device (VAD) as well as specialist surgery including transplantation and pulmonary endarterectomy (PEA).

(Source: Trust Routine Provider Information Request (RPIR) – Sites new tab)

Due to the number of core services inspected, our inspection of Royal Papworth Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During our inspection of the critical care core service, we spoke with 23 members of staff including doctors, nurses, therapists, health care support workers and non-clinical staff. We spoke with two patients and seven patient relatives, reviewed five sets of patient records and considered other pieces of information and evidence to come to our judgement and ratings.

At our last inspection in December 2014, critical care was rated good overall with effective rated outstanding, safe, caring, responsive and well-led rated as good. The trust moved to a purpose designed hospital in April 2019.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment and care. Patients we spoke with told us they felt safe, that the care they received was appropriate to their needs and would recommend the care to others. Staff provided emotional support to patients, families and carers to promote their wellbeing whilst in hospital and following discharge.

Critical care

- The service planned care to meet the needs of people both locally and nationally. They took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety.

Is the service effective?

Good  

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

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

Critical care

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used agreed personalised measures that limit patients' liberty.

However:

- Not all audit results had action plans with individual assigned responsibility to drive and monitor improvement.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could mostly access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Critical care

However:

- The service's number of cancelled operations due to critical care beds not being available exceeded the trusts target. The service was working on increasing staffing and bed capacity in the critical care unit to reduce the number of cancelled operations.

Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff mostly felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could openly raise concerns.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found two areas for improvement in this service. See the areas for improvement section above.

Outpatients

Good 

Key facts and figures

Outpatient care at the Royal Papworth Hospital NHS Foundation trust is delivered via three key settings:

- Face to face contact either at Royal Papworth Hospital or through outreach clinics at district general hospitals.
- Non-face to face contact - telephone clinics.
- Virtual clinics (a review of patient records without the patient being present), which includes care plan reviews.

From January 2018 to December 2018 the total number of outpatient appointments for the trust was 106,388.

A team of nurses, healthcare support workers and administrative staff are responsible for coordinating the delivery of outpatient clinics. Clinics are led by surgeons, doctors, nurses, allied health professionals (AHP) and clinical scientists.

Services include cardiology, surgery, thoracic, transplant, diagnosis and pre-operative assessment. The department is open on weekdays only, with occasional weekend clinics when actual activity greatly exceeded planned activity.

Due to the number of services being inspected, our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected the outpatient department where we spoke with 15 members of staff at different levels of seniority and from different disciplines. We spoke with seven patients, 11 relatives and reviewed six sets of patient records on the electronic patient records system.

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff had received up-to-date training in safety systems, processes and practices in place to keep people safe and safeguarded from abuse. Staffing levels were adequate to keep people safe and the skill mix was under review to ensure appropriate staffing levels were planned for. Risks to people who used services were assessed, monitored and managed on a day-to-day basis and staff could access the information they needed. Infection prevention and control measures were given high priority and were well-embedded.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and technologies. This was monitored to ensure consistency of practice. Staff, teams and services were committed to working collaboratively to deliver joined-up care to people who use services.
- People were supported, treated with dignity and respect, and were involved as partners in their care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treat people.
- Services were organised and delivered in a way that met people's needs and facilities and premises were appropriate for the services being delivered. Care and treatment was coordinated with other services and other providers. Waiting

Outpatients

times, delays and cancellations were managed appropriately. The leadership, governance and culture promoted the delivery of high-quality person-centred care and there was a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.

Is the service safe?

Outstanding 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as outstanding because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 they knew how to apply it.
- The service controlled infection risk well. Staff used specialist equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

We did not rate effective.

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.

Outpatients

- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Outpatients

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging in 2014, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service was working on a new vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Diagnostic imaging

Outstanding 

Key facts and figures

Royal Papworth Hospital is a purpose-built hospital which opened in April 2019 on the Cambridge Biomedical Campus. It is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. The hospital offers a range of services for outpatients and inpatients, including cardiac, thoracic, transplant, radiology and pathology services.

The Radiology department is part of the Clinical and Diagnostic Services Directorate. The department runs five days a week for booked cases, offering a clinical service to the local and visiting cardiologists, chest physicians, oncologists, transplant and surgical teams, and provides 24-hour cover for emergencies. Direct access to a range of imaging tests is available to GPs and hospital clinicians from other Trusts. Outside of normal working hours (Monday to Friday 8am to 6pm) emergency cover is provided by an on-site radiographer and on-call radiologist.

The radiology department imaged approximately 49,000 patients between May 2018 and April 2019, of which 32,833 was in plain film.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and took place on 18 and 19 June 2019. We looked at five sets of patient records. We spoke with 21 members of staff including radiologists, radiographers, managers, support staff and administrative staff. We also spoke with eight patients and relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Diagnostic imaging

- Leaders ran services well using reliable information systems and supported staff to develop their skills. They successfully managed the move to the new hospital site and ensured there was no disruption to service for patients.
- Staff understood the service's vision and values, and how to apply them in their work. They felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to continuously improving services.

Is the service safe?

Good 

We previously inspected diagnostic imaging jointly with outpatients in 2014, 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 and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service had enough medical 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.
- All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up to date and demonstrated that all areas were cleaned regularly.
- Staff followed infection control principles including the use of personal protective equipment (PPE). They cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.
- The service had enough suitable equipment to help them safely care for patients. Staff carried out daily safety checks of specialist equipment in line with manufacturers recommendations for each piece of equipment.
- The design of the environment followed national guidance and kept people safe from avoidable harm. Staff knew how to handle radioactive materials safely and there was readily available support from medical physics expert and radiation protection advisor.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. They identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen. The trust had a policy and plans in place for emergencies and other unexpected or expected events, such as a disruption to business continuity.

However:

- The service had a higher than target vacancy rate for radiography staff. However, this reflected a national shortage of radiographers and the leadership team outlined their plans to attract new recruits.
- Medical and allied health professional staff received but did not keep up to date with their mandatory training.

Diagnostic imaging

Is the service effective?

We do not rate effective.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Processes were in place for vulnerable patients, for example, frail patients or diabetic patients who required pre-examination fasting. The service ensured these patients were examined earlier in the day and had access to refreshments following their procedure.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of all disciplines worked together as a team to benefit patients. Doctors, nurses and other allied health professionals supported each other to provide good care. The department worked in a collaborative way with other external services to share learning.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Good 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All patients we spoke with told us staff treated them well and with kindness. They were very complementary about the care they received.
- Staff took time to interact with patients and those close to them in a respectful and considerate way. They followed policy to keep patient care and treatment confidential.
- There was a strong, visible patient centred culture. Staff were highly motivated to provide care and treatment that promoted patients' dignity and respected their needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients told us this was especially important given the complexity of their health conditions.

Diagnostic imaging

However:

- The way in which the trust collected patient feedback could not reflect responses specific to the diagnostic imaging department.

Is the service responsive?

Outstanding 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of the people served. It also worked collaboratively with others in the wider system where necessary to plan the patient's care. Facilities and premises were appropriate for the services being delivered.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers.
- The service used innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- Patients accessed the service when they needed it. Waiting times to treat patients were generally in line with good practice. From March 2018 to February 2019 the percentage of patients waiting more than six weeks to see a clinician was consistently lower than the England average.
- Patients in cardiac CT spent a shorter length of time on the scanning table due to radiographers extended scope of practice. This improved patient experience as well as increased patient flow.
- Radiology reporting for out-patients in May 2019 showed all reporting was within the expected time frame of three or five days, modality dependent. This showed there was no disruption caused to service by the move to the new site in April 2019.
- The innovative design of the new department met the needs of a range of people who used the service. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Staff referred directly to plastic surgeons where a reaction to extravasation occurred. Extravasation is the accidental leakage of certain medicines into the body from an intravenous drip in the vein. This meant potential tissue damage was minimised due to quick specialist treatment.
- Radiographers did point of care testing in the department for patients with risk factors such as diabetes, kidney impairment and older patients to determine where there was an increased risk with contrast agents. This enhanced patient flow since results were almost immediate.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were investigated and closed within 14 working days. This was better than the trust standard of 25 working days.

Diagnostic imaging

Is the service well-led?

Outstanding 

We previously inspected diagnostic imaging jointly with outpatients in 2014, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There was a cohesive senior leadership team in place whose preparation and planning in advance of the move to the new hospital site meant the service was fully available to patients on the first day of the new hospital opening. The team provided support to staff and had oversight of the challenges and direction of the service.
- The service had a vision and strategy for what it wanted to achieve, which was linked to and supported delivery of the core elements within the trust strategy. Staff were committed to providing the best possible care for patients and were proud to be part of the diagnostic and imaging service.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and staff at all levels were clear about their roles and accountabilities. There were regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A local risk register was in place which was regularly reviewed at local and divisional level.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found three areas for improvement in this service. See the areas for improvement section above.

Our inspection team

Fiona Collier, Inspection Manager led this inspection. Fiona Allinson, Head of Hospital Inspection, two specialist advisers and a pharmacy inspector supported our inspection of well-led for the trust overall. An executive reviewer, John Vaughan, supported our inspection of well-led for the trust overall.

The team for the core service inspection included a head of hospital inspection, an inspection manager, five inspectors, a pharmacy inspector and seven 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.