King's College Hospital NHS Foundation Trust

Orpington Hospital

Quality Report

Sevenoaks Road
Orpington
Kent
BR6 9JU
Tel: 0203 299 9000
Website: www.kch.nhs.uk

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

Ratings

Overall rating for this hospital	Good
Surgery	Good
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Orpington Hospital is part of King's College Hospital NHS Foundation Trust and provides medical services to a population of approximately 300,000 people living in the London Borough of Bromley.

King's College Hospital NHS Foundation Trust employs around 11,723 whole time equivalent (WTE) members of staff, with approximately 220 WTE working at Orpington Hospital.

We carried out an announced inspection of Orpington Hospital on 16 April 2015.

Overall, this hospital is rated as being 'good'. Both surgery and outpatients and diagnostic imaging were rated as 'good' overall.

The five key questions, safety, effectiveness, caring, responsiveness and well-led were all found to be was 'good' overall at this hospital.

Our key findings were as follows:

Safe

- There was a formal process for reporting incidents and near misses and the sharing of information, including learning from incidents that took place.
- There were effective arrangements in place to minimise the risk of infection to patients and staff.
- Arrangements were in place to ensure staffing numbers and the skills mix was appropriate to support the delivery of patient care safely.
- The departments were clean and well maintained.
- Equipment was readily available and staff were trained to use it safely.

Effective

- Patients had been assessed, treated and cared for in line with professional guidance.
- Patients reported that their pain was assessed and treated.
- The nutritional needs of patients were assessed and patients were supported to eat and drink where their needs indicated.
- Staff received an annual performance review and had opportunities to discuss and identify learning and development needs through this review and other supervision meetings.
- There was access to Allied Health Professions services, such as physiotherapy out of hours.
- There was evidence of multidisciplinary working, which promoted effective patient treatment.

Caring

- Patients were satisfied and involved with their treatment and care and their privacy and dignity was respected.
- There was access to counselling and other services where patients required additional emotional and psychological support.

Responsive

- Patient access and flow through the surgical areas was planned around their needs.
- The surgical theatres were not always effectively utilised to their full capacity.
- Arrangements were in place to support people with disabilities and cognitive impairments, such as dementia.
- Translation services were available and information in alternative languages could be provided on request.
- The complaints process was understood by staff and patients had access to information to support them in raising concerns.

Summary of findings

- Staff responded to patients' individual needs and supported them throughout their journey at the hospital during their appointment.

Well-led

- Staff understood the vision of the trust and hospital and they could demonstrate how this was implemented in practice.
- Senior leaders understood their roles and responsibilities and monitored the standards of service provision.
- There were effective governance arrangements to facilitate monitoring, evaluation and reporting back to staff and upwards, to the trust board.
- The surgical directorates identified actual and potential risks at service and patient levels and had mechanisms in place to manage such risks, as well as to monitor progress.
- The culture amongst staff was of sharing and participative engagement, with openness to feedback and learning.

There were also areas of poor practice where the trust needed to make improvements.

The trust must:

- Ensure patients are seen in outpatient clinics with their full set of medical notes.

The trust should:

- Undertake medication audits in the outpatients and diagnostic imaging department.
- Ensure that a radiation protection supervisor is onsite.
- Conduct audits of the radiology reporting times.
- Undertake daily safety checks of the imaging and diagnostics department.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery	Good 	There were effective systems and processes on the orthopaedic ward and in theatres to provide safe care and treatment for patients. Staff were aware of how and when to report incidents. Patient safety was monitored and incidents were investigated to assist learning and enhance the delivery of safe care. The surgical unit followed national clinical guidelines and staff used care pathways effectively. The staffing levels and skills mix was sufficient to meet patients' needs. Patients were supported with the right equipment. Patient records were completed appropriately. We found that staff had a good understanding of the Five Steps to Safer Surgery and fully completed the theatre checklist. Staff were caring and compassionate, and patient dignity and privacy was respected.
Outpatients and diagnostic imaging	Good 	The outpatients and diagnostic imaging department was a calm and comfortable environment for patients. Patients we spoke with on the day of our inspection were very pleased with the care that they had received in the department. They told us that their care had been unhurried, caring, and that they felt well informed about their choices and treatment. Overall, staff provided a caring and compassionate service, and we observed staff treating patients with respect. Patients and their relatives and carers told us that they felt well-informed and involved in decisions about their care and treatment. The service was delivered by trained staff who were provided with induction, mandatory and additional training specifically tailored to their roles. The leadership, governance and culture within the department promoted the delivery of person-centred care. Staff were supported by their local and divisional managers. Risks were mostly identified and addressed at local level or escalated to divisional, or directorate level if necessary. We noted that the trust promoted and supported a good working culture within the organisation through their regular engagement with staff. However, we found that most clinics were often run without the patients' medical notes. In addition, in the

imaging department, there was no warning light on the DEXA X-ray room, however there was a warning sign on the door which meets the legal requirement under the Ionising Radiations Regulations (Regulation 18).

Orpington Hospital

Detailed findings

Services we looked at
Surgery; Outpatients and diagnostic imaging

Detailed findings

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Background to Orpington Hospital

Orpington Hospital is one of the three registered acute hospital locations of the King's College Hospital NHS Foundation Trust, which we visited during this inspection. Other registered hospital locations that we visited were King's College Hospital (the Denmark Hill site) and Princess Royal University Hospital.

Orpington Hospital has approximately 29 beds and serves the population living in the London Borough of Bromley.

Our inspection team

Our inspection team was led by:

Chair: Kathy Mclean, Medical Director, NHS Trust Development Authority

Head of Hospital Inspections: Alan Thorne, Care Quality Commission (CQC).

The hospital was visited by a team of nine people, including: CQC inspectors and a variety of specialists. The team included a midwife, a radiographer, nurses with backgrounds in surgery and palliative care and an expert by experience. Experts by experience are people who use hospital services, or have relatives who have used hospital care, and have first-hand experience of using acute care services.

How we carried out this inspection

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

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

When they exist, the inspection team always inspects the following core services at each inspection:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care

Detailed findings

- Outpatients and diagnostic imaging

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, NHS Trust Development Authority, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups with a range of staff in the hospital, including doctors, nurses, allied health professionals, administration and other staff. We also interviewed senior members of staff at the hospital.

Facts and data about Orpington Hospital

Context

- Orpington Hospital is based in the London Borough of Bromley, South East London and serves a population of 300,000.
- The hospital offers medicine, surgery, outpatient and diagnostic services to the local population.
- In the 2011 census, the proportion of residents who classed themselves as white British in Bromley was 77.6%.
- Bromley ranks 203rd out of 326 local authorities for deprivation (with the first being the most deprived).
- The life expectancy for women in Bromley is 84.5, which is slightly better than the England average of 83 and it is slightly better for men at 81, compared with 79.2 for the England average.
- In Bromley, the rates of obese children, acute sexually transmitted infections, smoking-related deaths and incidence of tuberculosis are all better than the England average.

Activity

- The hospital has approximately 29 beds.
- The hospital employs 220 WTE nursing and other staff.
- There were approximately 55,826 outpatient appointments per annum.
- There were approximately 1,911 inpatient admissions per annum.
- There were approximately 60 day case admissions for surgery (trauma and orthopaedics) per annum.
- There were approximately 1,140 elective admissions for surgery (trauma and orthopaedics) per annum.
- There were no emergency admissions for surgery at the hospital.

Key intelligence indicators

Safety

- There were no Never Events (Never Events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented) in the 12 months prior to the inspection.
- The Strategic Executive Information System (STEIS) showed that there were zero serious untoward incidents.
- Data relating to the instances of Clostridium difficile (C. difficile) occurring at the hospital were not supplied.
- Data relating to the instances of methicillin-resistant staphylococcus aureus (MRSA) occurring at the hospital were not supplied.

Effective

- Data relating to the Hospital Standardised Mortality Ratios (HSMR) indicator were not supplied.
- Data relating to the Summary Hospital-level Mortality Indicator (SHMI) were not supplied.

Caring

- There was no hospital-specific data supplied for the NHS Friends and Family Test scores for inpatients. However, for the trust as a whole, the NHS Friends and Family Test performance was slightly worse than the England average.
- There was no hospital-specific data supplied for the Cancer Patient Experience Survey (2013/14). However, as a whole, the trust was in the bottom 20% of trusts for the majority of the questions in the survey.

Detailed findings

- There was no hospital-specific data supplied for the CQC Adult Inpatient Survey. However, as a whole, the trust performed about the same as other trusts for all indicators in the CQC Adult Inpatient Survey.

Responsive

- There was no hospital-specific data supplied relating to referral-to-treatment times.

Well-led

- There was no hospital-specific data supplied for the NHS Staff Survey 2013. However, the overall engagement score for the trust as a whole for this survey was 3.79, which was slightly better than the England average of 3.75.
- The response rate for the staff survey at trust-level was lower than the national average, with a response rate of 30% compared with the national average of 42%.

Inspection history

This is the first comprehensive inspection of Orpington Hospital.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Information about the service

The majority of surgical activity at Orpington Hospital is elective orthopaedic surgery (95%) and the remaining 5% is day case surgery. The hospital has three orthopaedic ultra clean theatres, along with a recovery area and two elective orthopaedic wards. Operations take place Monday to Friday.

We spoke with eight patients. We observed care and treatment and looked at care records. We also spoke with a range of staff at different grades, including: nurses, consultants, a ward manager, a theatre manager and a matron.

Summary of findings

There were effective systems and processes on the orthopaedic ward and in theatres to provide safe care and treatment for patients. Staff were aware of how and when to report incidents. Patient safety was monitored and incidents were investigated to assist learning and enhance the delivery of safe care.

The surgical unit followed national clinical guidelines and staff used care pathways effectively.

The staffing levels and skills mix was sufficient to meet patients' needs. Patients were supported with the right equipment. Patient records were completed appropriately. We found that staff had a good understanding of the Five Steps to Safer Surgery and fully completed the theatre checklist.

Staff were caring and compassionate, and patient dignity and privacy was respected.

Good

Surgery

Are surgery services safe?

Good

There was a formal process for reporting incidents and near misses. The sharing of information, including learning from incidents, took place verbally during meetings and via electronic messages. Staff understood their responsibilities under the Duty of Candour.

The surgical divisions reviewed mortality and morbidity outcomes in order to identify where improvements or changes needed to be made. Performance was measured against required safety targets regarding patient safety and risks. Where risks to patients were identified, these were acted upon. Staff monitored a patient's wellbeing in line with an early warning alert score system and this was acted upon where a deterioration in the patient was identified.

There were effective arrangements in place to minimise risks of infection to patients and staff. Arrangements were in place to ensure staffing numbers and the skills mix was appropriate to support the delivery of patient care safely. Training was provided to staff and they had access to guidance to support them in delivering safe care. There was good provision of equipment and medicines, which staff managed safely.

Incidents

- Patients were protected from avoidable harm. There were no reported Never Events on the Orpington Hospital site in the surgical department between February 2014 and January 2015. A Never Event is a 'serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers', according to the Serious Incident Framework, NHS England, March 2013.
- There were four adverse incidents reported between the period of February 2014 and January 2015. These included the fixed operating lights not working and portable operating lights having to be procured and used until these were repaired.
- Staff on the ward and theatres were familiar with the electronic incident reporting system to record adverse incidents. We looked at the records and found that incidents were investigated and action plans were put into place to prevent a future occurrence. The theatre staff we spoke with told us they received feedback and that this usually took place during the department's monthly educational morning in order to aid future learning. On the ward, staff told us that incidents and complaints were discussed during routine staff meetings so that shared learning could take place. Records of meeting minutes confirmed this.
- Lessons were learned when things went wrong, and as a result, staff improved safety and standards for patients. Staff had learned lessons from adverse incidents, which were fed back to other staff during meetings.

Cleanliness, infection control and hygiene

- The ward and theatres that we inspected were clean, well organised and well maintained. Clinical staff were aware of current infection prevention and control guidelines. There was a sufficient number of hand wash sinks and hand gels. We observed staff following hand hygiene practice and using the hand sanitising gels prior to entering clinical areas. The 'bare below the elbows' policy was adhered to. We observed staff wearing appropriate personal protective equipment, such as gloves and aprons, while providing patient care. Within the operating theatres we observed staff 'gowning and gloving' in line with trust policy.
- There were infection prevention and control (IPC) link nurses on the ward and in theatres. We were told by the manager that their role was said to include attending IPC meetings and ensuring staff followed policies and procedures. In addition, they undertook IPC checks, such as hand hygiene monitoring and checks on the cleanliness of the environment. We saw that action plans were developed in response to monitoring IPC outcomes in theatre. We also saw that hand hygiene audit results for theatre had a compliance rate of 95%.
- We saw that there were dedicated staff for cleaning ward areas and they were supplied with, and used, nationally recognised colour-coded cleaning equipment. This enabled them to follow best practice in respect to minimising cross contamination.
- The surgical wards we visited were clean and patients were satisfied with the cleanliness. Operating theatres were found to be clean on inspection. There were separate clean preparation areas and facilities for removing used instruments from the operating room ready for collection for reprocessing by the internal decontamination service.

- Theatres were cleaned at night and theatre staff cleaned theatres between cases during the day. Technical theatre equipment was cleaned by staff and we saw that items were clean and recorded as being ready for use. Equipment used by patients on wards, including commodes and raised toilet seats were inspected and found to be clean. Labels had been attached to items indicating when they had been cleaned and by whom.
- There was access to IPC policies and procedures via the trust intranet and we sampled these and found they were up to date.
- We observed staff complying with policy in respect to the handling and management of clinical and domestic waste. We saw that bed linen was handled in accordance with best practices and that sharps were disposed of safely.
- We noted that the handling and management of surgical specimens in theatres was done in a safe manner.
- Surgical staff working in theatres were seen to follow National Institute for Health and Care Excellence (NICE) guideline CG74, Surgical site infection: Prevention and treatment of surgical site infections (2008). We saw that, if a patient needed to be shaved, then electric clippers with a single-use head were used. We saw that the surgeon cleaned the skin at the surgical site immediately before incision using chlorhexidine and that the surgical site was appropriately covered, with an interactive dressing at the end of the operation.
- Infection prevention and control training was part of mandatory training for nursing staff. Infection control training attendance data for theatres was provided to us during the visit. We saw that 73% of staff had completed this.
- Theatre staff also undertook aseptic non-touch technique training in respect to wound management. There was 53%completion for main theatre staff, 100% for recovery and 100% for ward staff.
- A brief summary of IPC was seen to be included in the annual report and accounts for 2013/14.

Safety Thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The tool measures the incidences of people falling, the development of pressure ulcers, venous thromboembolism (VTE) or blood clots developing in the veins and incidences of catheter-related urinary tract infections.
- We looked at the data provided from February 2014 to February 2015 for the orthopaedic ward. We saw that the number of reported falls fluctuated, but hit a peak from July 2014 to November 2014. We were told that, during this time, the ward had one of the highest number of falls trust-wide. This was investigated and the causation was found to be related to patient toileting at night. Action plans were put in place, which included having an increased number of staff on duty at night, positioning the staff near to the bays in order to see when a patient was attempting to get up. Additionally, the physiotherapist who worked with the patient recorded the mobility status of the patient in the handover sheet.
- The ward staff had also worked with the risk team and the falls team to instigate preventative measures and to support staff. We saw from the falls data that these measures had resulted in a decline in the falls rate, so that the it was below the trust average for falls.
- We found that no patients had any pressure ulcers. Any patients that were at risk of developing pressure area problems were identified at pre-assessment and were given a pressure prevention mattress. Staff had all received training by the tissue viability nurse and the ward had pressure area documentation booklets.
- There was an effective system in place for monitoring patients within the ward and theatres. Staff handover meetings took place during shift changes to ensure that all staff had up-to-date information about risks and concerns relating to patient care and treatment.

Safeguarding

- Staff received mandatory training in safeguarding vulnerable adults. We found that within the theatre department, 81% of staff had completed Safeguarding Adults level 2. However, on the ward area, 100% had completed Safeguarding Adults level 2. The staff that we spoke to in both areas were able to discuss with us both what constituted an adult safeguarding concern and how to report it.

Good

Surgery

Environment and equipment

- The area of anaesthetics were adhering to the Association of Anaesthetists of Great Britain and Ireland Safety Guidelines: Safe Management of Anaesthetic Related Equipment (2009).
- Anaesthetic equipment was always checked on a regular, routine basis. We saw notes were being made in the patient's anaesthetic record that the anaesthetic machine check had been performed, that appropriate monitoring was in place and functional, and that the integrity, patency and safety of the whole breathing system had been assured.
- A logbook was kept with each anaesthetic machine to record the daily pre-session check and the weekly check of the oxygen failure alarm and this was completed daily before the commencement of the morning theatre list.
- Oxygen and suction equipment was accessible and in date.
- Emergency intubation equipment checks had been carried out weekly and recorded.

Medicines

- We saw that medicines were stored safely and appropriately on wards, including items that needed to be stored in refrigerated conditions. Temperature checks had been carried out on fridges in wards and in theatres.
- The anaesthetic room medicines storage was locked when staff were inside theatre.
- We saw medicines were given to patients by nursing staff in accordance with the prescription and that safety checks were carried out during the administration.
- Staff had access to up-to-date guidance on medicines and received advice from the pharmacy, as well as newsletter information.

Records

- The surgical areas used paper documentation for recording patient information. Nursing and medical records were completed to a good standard and included the name of the admitting consultant and the preferred name of the patient. Of the four sets of patient records we reviewed on the orthopaedic ward, we found there was multidisciplinary input, which included entries made by allied health professionals, including physiotherapists. We found that all four of these patients fell into the category where a dementia screen was required and we saw evidence that this had been conducted.
- Patient records contained evidence of attendance at the preoperative assessment where relevant. Information included, for example: patient demographics, previous medical and surgical history, allergies and medicines taken, along with baseline observations. Anaesthetic risk scores were used to ensure that only those patients suitable for surgery at Orpington Hospital were operated on.

Mandatory training

- Mandatory training days were advertised via the trust intranet. We saw, from information provided, that subjects included: moving and handling, resuscitation, slips, trips and falls, and venous thromboembolism (VTE).
- We were told that staff mandatory training was organised and monitored by practice development nurses.
- We found from looking at records that 100% of staff had attended health and safety training within the last year.

Assessing and responding to patient risk

- There were reliable systems, processes and practices in place to keep patients safe. These included the reporting, investigating and monitoring of safety concerns and incidents in line with national guidance. Staff told us that they knew how to report incidents and could describe the process in detail.
- Patients' care and treatment was assessed and planned using evidence-based guidance and risk assessment tools. Patient records showed that the risk of patients developing blood clots (venous thromboembolism), pressure ulcers, catheter and urinary tract infections were well documented and appropriate nursing care was delivered.
- Nursing staff described the use of an early warning score system, which was used to monitor a patient's condition following their surgery. The scoring system was used to enable staff to identify concerns before they became serious and to get support from medical staff. We saw the early warning score system in use in patient notes we reviewed.
- Staff continually monitored the safety of patients and reacted appropriately to changes in the levels of risk. A range of risk-based audits was undertaken. These included an audit of compliance with the World Health Organization (WHO) checklists, and infection control

audits, including hand hygiene. We saw that the these were carried out on a monthly basis and the hand hygiene audit for March 2015 had a compliance rate of 87.65%.

- Medical problems were anticipated and planned for in advance, reducing the potential risk to patients. Patients attended a preoperative assessment where any potential issues were identified. If the patient was assessed as being unsuitable for undergoing surgery at the hospital due to current or past medical history, then this would be discussed with the multidisciplinary team and the patient would be relisted for surgery elsewhere within the trust.
- We observed one theatre team undertaking the five steps to safer surgery procedures, and we saw that they used the WHO checklist. The theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the five steps to safer surgery procedures.
- We also found that the theatre department carried out a monthly surgical safety checklist compliance audit. We saw the results of this and found that there was a 96.6% compliance rate.
- We were told that the orthopaedic wards were covered by a resident medical officer (RMO) and a consultant anaesthetist out of hours. However, we found that the theatre department had no on-call system in place for out-of-hours emergencies. We were told by the theatre manager that this was not necessary as an emergency with a postoperative patient would “never happen”. However, in the event that it did, then the clinical site manager would telephone the theatre manager, who would then organise a theatre team to come in to the hospital.
- We found that the orthopaedic wards had a 24 hour a day, seven days a week escalation pathway for the deteriorating patient. They also had a policy to transfer the at risk/deteriorating adult patient from Orpington Hospital. We saw these and found them to be clear and up to date. Staff were familiar with the policy and escalation pathway.
- A protocol had been developed with the lead consultant anaesthetist. Preassessment nurses were familiar with this and formed part of the patient’s pre-operative assessment appointment which determined if the patient was suitable for surgery at Orpington Hospital. If it was decided that the patient was not suitable for surgery, their details were sent back to the bookings team for an appointment to be given at either King’s College Hospital (Denmark Hill site) or Princess Royal University Hospital.
- Patients needed to be in the ASA 1 or 2 categories. The American Society of Anesthesiologists (ASA) grade is the most commonly used grading system which accurately predicts morbidity and mortality. ASA grade 1, is for healthy individuals, with no systemic disease, whereas ASA grade 2 is for individuals with mild systemic disease not limiting activity. ASA grade 3 is for patients assessed as having severe systemic disease that limits activity but is not incapacitating.
- Patients past medical history and pre-operative assessment decided their suitability. For example, they must not have any cardiac or stroke history. Patients should also not be known epileptics or have any serious underlying conditions such as chronic obstructive pulmonary disease (COPD). This was the case, so as to reduce the risk of both anaesthetic and post-operative complications, because Orpington Hospital had no high dependency or Intensive Care Unit on site.

Nursing staffing

- There were sufficient staff in the theatres, recovery and the ward area to care for people safely and effectively. These numbers of staff and the skills mix reflected the needs of patients and the procedure that they were to undergo or had had. This was confirmed to us by looking at the past two months of staff rotas and staff allocations.
- We found that the theatre department was adequately staffed and did not use agency staff. In the event that additional staff were required, then the trust's own bank staff with theatre experience were used. We spoke to the theatre manager and were told that the department currently had four overseas nurses who were supernumerary, as they were undertaking their adaptation programme and four others who were awaiting their Nursing and Midwifery Council pin number. All of these nurses would be appointed to a band 5 post.
- We were told that the theatre department was currently recruiting two band 5 positions for anaesthetics.
- In the ward area, there were sufficient numbers of trained nurses and healthcare assistants with appropriate skills to deliver care and treatment to patients. The expected and actual staffing levels were

displayed on a noticeboard near to the ward entrance. Staffing rotas that we saw confirmed that staff numbers and skills mix were appropriate to meet the needs of patients.

- We were told that the ward currently had 3.48 band 5 vacancies along with a 1.0 healthcare assistant (HCA) post.
- Staffing figures were displayed on each ward. These indicated the optimum and actual staff numbers for each part of the day and night shift.
- There was an induction and orientation for agency staff to complete and such staff were said to be used for a trial period before more regular long-term bookings.
- We were provided with data that showed that the reported sickness rate for theatres was 0.23% in Dec 2014.
- From data provided, we found that the nursing staff turnover within theatres for the period from April 2014 to Dec 2014 was 6.94%.
- Additionally, we found that nursing staff turnover on the orthopaedic wards was 0.00% from April 2014 to Dec 2014.

Medical staffing

- Medical staff told us that once the theatre lists were finished at the end of each day that there was no on site surgical cover with the exception of the RMO.
- We were told that there was a consultant anaesthetist who was on-call.
- We were informed that no surgical cover was provided out of hours.
- We were told that there had never been a post operative emergency that had required a patient needing to be taken back to theatres out of hours. We were also told that all patients were carefully screened as to their suitability for surgery at Orpington Hospital as it was a stand alone unit and that this reduced the potential risk for post-operative emergencies. If this ever arose then the on-call anaesthetist would contact the on-call orthopaedic consultant at the Princess Royal University Hospital (PRUH) and the patient may be transferred over to that hospital.
- Medical staff had to come over to Orpington Hospital from both the Denmark Hill site and the PRUH to carry out theatre lists.
- Patients were reviewed each morning by a medical team.

Major incident awareness and training

- We did not identify any major incident training within the mandatory programme.
- There was a local policy for a major incident and mass casualty incident response plan, which included: cascading information, patient flow and internal support services.

Are surgery services effective?

Good

Staff understood their responsibilities in relation to mental capacity and consent. Patients had been assessed, treated and cared for in line with professional guidance. Patients reported that their pain was assessed and treated.

The nutritional needs of patients were assessed and patients were supported to eat and drink where their needs indicated. There was access to dieticians and the speech and language therapy team.

Patient surgical outcomes had been monitored and reviewed through formal national and local audit. Staff caring for patients had undertaken training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received an annual performance review and had opportunities to discuss and identify learning and development needs through this and supervision meetings.

Consultants led on patient care and there were arrangements in place to support the delivery of treatment and care through the multi-disciplinary team and specialists. There was access to allied health services, such as physiotherapy out of hours.

Using evidence-based guidance

- We observed that care was in line with the trust policies and procedures, as well as patients' care plans.
- Medical and nursing documentation was appropriate, and staff were knowledgeable about the patients and the care that they required.
- We saw from care records reviewed and found in our discussion with staff they were following NICE guidance on falls prevention, pressure area care and venous

thromboembolism. We saw that anti-coagulant therapy was prescribed for patients at risk of the latter and anti-embolic stockings were measured and fitted to respective patients where relevant.

- We saw that patients who had attended pre-admission assessment had pre-operative investigations and assessment carried out in accordance with NICE clinical guidelines. This included following guidance regarding medicines and anaesthetic risk scores.
- There were processes in place for patients receiving post-operative care to be nursed in accordance with the NICE guidance CG50: Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital (July 2007). This included recognising and responding to the deteriorating condition of a patient and escalating this to medical staff following the early warning score alert system.
- Within the theatre areas, we observed that staff adhered to the NICE guidelines CG74 related to surgical site infection prevention and nursing staff followed recommended practice regarding minimising the risk of surgical site infections.
- Clinical and medical staff told us they had access to policies and procedures. They said that, when these were updated, they were sent an email advising on this.
- We observed staff following local policies and procedures regarding patient manual handling. In theatres, we noted that staff followed safe practice in respect to swab and needle counts, as well as surgical instrumentation.

Pain relief

- The preoperative assessment included information about the patient regarding existing pain management, such as the medicines they took.
- The patients that we spoke to told us that they had been asked about their pain and had been given pain relief. In care records, we saw that there was a consistent pain score assessment in use and this was fully completed.
- Staff confirmed there was good access to the pain team.

Nutrition and hydration

- The nutritional needs of patients had been assessed by nursing staff as part of the initial assessment.
- Special diets, such as gluten free, were available on request and were noted on the patient's care plan.

Patient outcomes

- Patients underwent elective orthopaedic surgery for a range of joint replacement and upper and lower limb procedures.
- Patients undergoing surgery were asked to complete questionnaires both prior to, and after, their surgery to assess an improvement in their condition as perceived by themselves. These results were known as Patient Reported Outcome Measures (PROM) and they showed that there were good outcomes for patients with no evidence of risk.
- There was an audit programme in place that included: a clinical audit, nursing care indicators, infection control and health and safety processes. The audits took place on a monthly basis and included: hand hygiene, incidence of falls and surgical checklist compliance. We saw that all areas performed well in all of these.
- Compliance levels were monitored and reviewed on a monthly basis in the form of a spreadsheet, which was sent to the departmental manager. This included data from this month, last month and the required trust target. This information was cascaded to staff at regular staff meetings in order to improve performance.
- From documentation provided to us, the Standardised Relative Risk Readmission for elective orthopaedic surgery at Orpington Hospital was higher than the England average. The England average ratio of observed to expected emergency readmissions was 100 whereas Orpington was 158. Values below 100 are interpreted as a positive finding, as this means there were less observed readmissions than expected. A value above 100 represents the opposite.

Competent staff

- We saw that all new staff that started to work in theatres were issued with a competency training and assessment, which they had to complete. All were given a mentor who was also their assessor and they signed the document when the staff member attained competency in a particular skill. We saw these documents and they confirmed that a structured programme of assessed training was in place.
- Within theatres, 60% of staff had had an appraisal within the 12 months prior to the inspection. The theatre manager showed us an action plan that was in place to ensure that all staff received an appraisal and these staff had been given dates.

Good

Surgery

- Regarding the ward, we found that 100% of staff had received an appraisal within the 12 months prior to the inspection. Staff that we spoke to in both areas told us that their appraisal was useful in identifying areas for professional development and in providing them with achievable goals for the next 12 months.

Multidisciplinary working

- There was good multidisciplinary working within the surgical areas. Staff told us that there was “good team work here ” and that "staff work well as a team”.
- We observed good multidisciplinary working and communication between the disciplines.
- Allied health professionals, such as physiotherapists, worked well with ward staff to support patients’ recovery and timely, safe discharge following surgery.

Access to information

- Staff had access to policies and procedures on the intranet and had a good understanding of these.
- Information to staff was said to be communicated in a weekly email from the chief executive officer. Ward staff said they attended ward meetings and that urgent information would be communicated at handover at the start of shifts.
- Staff reported having access to information and guidance from specialist nurses, such as those in the tissue viability and falls teams.
- There was access to literature in the ward area in the form of leaflets on hip and knee conditions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found that within the theatre department, 60% of staff had completed the Mental Capacity Act 2005 training. However, on the ward area, 62% of staff had completed Mental Capacity Act 2005 training. Staff were also able to tell us about the Mental Capacity Act 2005 and how this related to their patients.
- Patients’ needs were met at each stage of their care, including when people were in vulnerable circumstances, or those who lacked the capacity to communicate their needs.
- Staff had the appropriate skills and knowledge to seek consent from patients. The staff we spoke to were clear on how they sought verbal, informed consent as well as written consent before providing care or treatment.
- We looked at records, which showed that both verbal and written consent had been obtained from patients and that planned care was delivered with their agreement.
- Through a review of the records we saw that staff had assessed patients’ mental capacity for making decisions. This included the recording of who was involved in the decisions and how the decision had been made.

Are surgery services caring?

Good

Patients were satisfied with their treatment and care. They reported that their privacy and dignity was respected by staff and they were involved in decisions about their treatment and care.

We observed staff treating patients with kindness and respect. Staff were observed undertaking their duties with professionalism and willingness.

Patients reported their relatives and those closest to them were involved and kept informed regarding their progress. There was access to counselling and others services, where patients required additional emotional and psychological support.

Compassionate care

- Patients were treated with dignity, compassion and empathy. We observed staff speaking with patients in a kind, calm, friendly and patient manner. The patients that we spoke with were satisfied with the quality of care that they were receiving.
- The comments received included, "We're delighted with the professional and friendly care that we received," and, "[It] was a very pleasant experience." The comments received from patients demonstrated that staff cared about meeting patients’ individual needs.
- We saw that patients' bed curtains were drawn and staff spoke with patients in private. Patients that we spoke with told us that staff respected their privacy and dignity.
- Within the recovery area, privacy and dignity was maintained as each bay had curtains that were used when, for example, wound dressings were checked.

Good

Surgery

- Patients completed an NHS Friends and Family Test questionnaire. These results were collated by the trust on a monthly basis and published by the ward to inform staff, patients and visitors on how they are doing. In January 2015, they scored 100% and in February 2015 it was 96%.
- We saw that the most frequent feedback on these related to the noise at night. This was currently being investigated as to how this could be reduced.
- We observed staff speaking with patients in a clear and unhurried manner.

Understanding and involvement of patients and those close to them

- Patients and their relatives were involved in their care, and were able to participate in decisions about their care in an informed manner. We observed that patients were involved in their care and decision-making. For example, whether they walked to theatre.
- Patient records we looked at included person-centred treatment plans specific to their needs.
- The patients we spoke with told us they had full trust in the staff and were able to describe their treatment plans and discharge arrangements. This demonstrated that staff had explained their care and treatment to them.

Emotional support

- We observed staff providing reassurance and comfort to patients.
- Patients received the support they needed to cope with their treatment. Emotional support for patients started in the patient's pre-operative assessment appointment. The ward staff continued with this on admission.
- A chaplaincy service was available to people of all faiths.

Are surgery services responsive?

Good

Patient access and flow through the surgical areas was planned around their needs. Preadmission assessment included the planning arrangements for patient discharge. However, theatres were not always effectively utilised to their full capacity.

Arrangements were in place to support people with disabilities and cognitive impairments, such as dementia. Translation services were available and information in alternative languages could be provided on request. Special medical or cultural diets were catered for.

The complaints process was understood by staff and patients had access to information to support them in raising concerns. Where complaints were raised, these were investigated and responded to and where improvements were identified, these were communicated to staff.

Service planning and delivery to meet the needs of local people

- Patients' needs were assessed, and care was planned and delivered in line with this assessment. This was supported by the review of records.
- The assessment started in the preoperative assessment clinic and was continued during the patients hospital stay. These assessments were undertaken in a timely manner.
- We were told by managers that Orpington Hospital was aiming to be the regional centre of excellence for elective orthopaedic surgery. The theatre manager told us they were planning to increase capacity but needed more surgical medical cover, before this was possible. The first step in their plan to increase capacity was to introduce Saturday operating lists. Staff had been informed and organised for when the management decided to launch this.

Access and flow

- The scheduling of patients for surgery was done by the surgical delivery manager and admissions team.
- The theatre manager was concerned that they had no control over what was booked onto each session, which could result in either an under-run or over-running theatre session.
- The current theatre utilisation was around 65%. A management plan was in place to increase utilisation over the coming months, which included Saturday working. The manager told us that this was because they were currently having problems with getting enough surgical cover to increase the utilisation during the week, which is why they were keen to look at Saturday working as a way of increasing the number of patients treated.

Good

Surgery

- We were told by a member of staff that, if a surgeon was unavailable due to holiday or sickness, then this session would be cancelled as there was currently no facility to backfill these sessions.
- Patients' needs and wishes were taken into account, so they were ready to leave hospital when they were well enough and with the right support in place.
- Plans were developed with patients and their relatives in preparation for discharge home. Staff told us that this planning started in the preoperative assessment, and was further supported during the patients' hospital stay. Records confirmed this.
- The patients we spoke with told us the staff had given them clear information relating to their provisional discharge date and confirmed this once it was clear that the patient was fit to leave hospital. Patients were discharged with information and medications.
- The average length of stay for primary hip replacement surgery was three to four days and for primary knee replacement was three to five days, which was in line with the national average.

Meeting people's individual needs

- The ward that we visited complied with same-sex accommodation guidelines.
- For patients whose first language was not English, staff could access a language interpreter if needed.
- A dementia screen was carried out for appropriate patients and care was adapted. Staff received training on dementia.

Learning from complaints and concerns

- Patients knew how to make a complaint if they were not satisfied with their care.
- Leaflets providing guidance on the complaints process were seen on the ward.
- We looked at the wards complaints and compliments file and found that complaints were rare and that there were many 'Thank you' cards and letters from patients and their relatives.
- On the ward, staff told us that incidents and complaints were discussed during routine staff meetings so that shared learning could take place. Records of meeting minutes we reviewed confirmed this.

Are surgery services well-led?

Good

Senior leaders understood their roles and responsibilities and monitored standards of service provision. The senior leaders of the surgical divisions had a clear direction of focus underpinned by the values of the trust.

There were effective governance arrangements to facilitate monitoring, evaluation and reporting back to staff and upwards to the trust board.

The surgical directorates identified actual and potential risks at service and patient levels and had mechanisms in place to manage such risks, as well as monitor progress.

Staff reported effective leadership and that they felt valued. The culture amongst staff was of sharing and participative engagement, with openness to feedback and learning.

Patients and staff were encouraged to contribute to the running of the service, by feeding back on their experiences and sharing ideas.

Vision and strategy for this service

- There was a trust vision and strategy in place to deliver high quality care to patients, however, staff were unaware of, and unable to discuss, what this encompassed.
- There were clear criteria in place to ensure that appropriate patients were admitted to Orpington Hospital, based on the level of risk, medical cover and facilities that were available. This was because no intensive care unit was available at the hospital.

Governance, risk management and quality measurement

- We were told the surgical divisions had a strong clinical governance framework, which followed the London Strategic Clinical Networks Governance Framework Toolkit (August 2014).
- Medical staff told us that they had protected time for clinical governance meetings, which were held monthly. These were half days and included specialty-specific information, the presentation of audits and mortality and morbidity information. Incidents and complaints were also reviewed.
- We concluded that there was a process in place, which enabled review of incidents, review of patient safety reports and the risk register.

Good

Surgery

- The governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and problems detected, understood and addressed. Both the theatres and the ward held meetings every month to raise any new issues, discuss incidents and we saw the minutes of these meetings.
- Senior management staff including matrons were key in cascading quality and performance information to staff.

Leadership of the service

- The leadership and culture within the organisation promoted the delivery of high quality care across teams. There were very good working relationships between theatres, recovery and the ward. Staff enjoyed working at the hospital and we were told that "there is good colleague support and team working" and, "It [the hospital] is a friendly and calm environment in which to work."
- Overall, leadership and governance for the ward and theatre department was provided through the surgical division.

Public and staff engagement

- Patient views and experiences were sought for how services were provided, and how staff were involved and engaged. Information about the ward was displayed in the corridor. This was visible to staff, patients and visitors and helped to provide a culture of openness.
- On the ward, we saw a 'How are we doing?' board where patients had identified that they were unhappy with the noise at night. The ward manager was currently investigating the cause of this, but, as an interim solution, they had purchased ear plugs for patients to use if requested.
- There were regular staff meetings where new ideas were encouraged and discussed. Both the wards and theatres had staff who were link nurses. These staff linked in with the infection control and pain teams and attended meetings regularly. New information was then cascaded to staff. This encouraged staff involvement and engagement.

Innovation, improvement and sustainability

- Staff continuously sought to gain new or enhanced knowledge and skills, telling us that they were encouraged to do so. This included learning about new developments regarding orthopaedic instrumentation and processes from the companies trainers and by undertaking further courses of study provided both by the trust and external providers.
- The risk management process, the use of incident reporting and feedback, and learning from incidents, complaints and patient comments promoted a continually learning and supportive environment.

Outpatients and diagnostic imaging

Safe	Requires improvement
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Orpington Hospital provided 55,826 outpatients appointment in 2014/15. A number of different specialties were covered by the outpatient department, including: the fracture and orthopaedic clinic, dermatology, general medicine, diabetic medicine, gastroenterology, general surgery and other clinics.

The hospital also offered diagnostics and imaging services of computerised tomography (CT) scanning, X-ray, MRI and ultrasound among others. The outpatients and diagnostic imaging department was open Monday to Friday, from 9am to 5pm.

We visited the outpatients and diagnostic imaging department at Orpington Hospital during our announced inspection of the King's College Hospital NHS Foundation Trust. We observed care and treatment and looked at patients' records. We spoke with many members of staff, including: nurses, consultants, doctors, receptionists, managers, support staff and volunteers. We also spoke with patients and their relatives, who were using the service at the time of our inspection.

We received comments from our listening events and from people who contacted us to tell us about their experiences. We also used information requested from, and submitted to us by, the trust.

Summary of findings

The outpatients and diagnostic imaging department was a calm and comfortable environment for patients. Patients we spoke with on the day of our inspection were very pleased with the care that they had received in the department. They told us that their care had been unhurried, caring, and that they felt well informed about their choices and treatment.

Overall, staff provided a caring and compassionate service, and we observed staff treating patients with respect. Patients and their relatives and carers told us that they felt well-informed and involved in decisions about their care and treatment. The service was delivered by trained staff who were provided with induction, mandatory and additional training specifically tailored to their roles.

The leadership, governance and culture within the department promoted the delivery of person-centred care. Staff were supported by their local and divisional managers. Risks were mostly identified and addressed at local level or escalated to divisional, or directorate level if necessary. We noted that the trust promoted and supported a good working culture within the organisation through their regular engagement with staff.

However, we found that most clinics were often run without the patients' medical notes. In addition, in the

Outpatients and diagnostic imaging

imaging department, there was no warning light on the DEXA X-ray room, however there was a warning sign on the door which meets the legal requirement under the Ionising Radiations Regulations (Regulation 18).

Are outpatient and diagnostic imaging services safe?

Requires improvement

We found most clinics were often run with without the patients' medical notes. In the imaging department, there was no warning light on the DEXA X-ray room. However there was a warning sign on the door to indicate the use of the room, this meets legal requirement under the Ionising Radiations Regulations (Regulation 18). DEXA stands for 'dual energy X-ray absorptiometry'. It is an X-ray test that measures the density of bones and how strong the bones are.

We found that the required safety checks were being completed and recorded. The department was clean and well maintained. Equipment was readily available and staff were trained to use it safely.

On the day of our visit, the clinics were busy, nursing staff provided good and safe care to patients. Treatment records were informative and showed a clear pathway of the care and treatment patients received at the hospital.

We spoke with staff of all grades and disciplines across the outpatient areas and were told that the majority felt the department was adequately staffed to meet patients' needs.

Incidents

- All the staff we spoke with were aware of, and had access to, the hospital incident reporting system (Datix – patient safety incidents healthcare software). This allowed staff to report all actual incidents and near misses where patient safety may have been compromised. Staff gave examples of reportable incidents, which included a patient arriving for a clinic that had been cancelled and booked for another date.
- Staff said there was an open approach to incident reporting and learning. Staff we spoke with were confident when it came to reporting incidents, whistleblowing, or challenging practice if they suspected poor practice that could harm a patient. Staff were aware of the lessons learnt from reporting incidents at the hospital level. From one department, we saw evidence of effective dissemination of learning

following incidents. However, this was not consistent at a trust-wide level. For example, ophthalmology services had not been made aware of the recent Never Events at the King's College Hospital (Denmark Hill site).
- Hospital-wide information was shared through a newsletter and discussed at team meetings. Nursing managers told us they received regular reports of incidents and this enabled them to identify themes and trends and take corrective actions accordingly.
- All staff we spoke with in the diagnostic imaging department understood their responsibilities to raise concerns, to record safety incidents and near-misses. Staff felt confident that they could discuss incidents with their direct line manager and that their concerns would be listened to and acted on. Senior managers met regularly to discuss compliments, complaints, concerns and incidents. Themes from incidents were discussed at the senior manager's meetings. The minutes of these meetings confirmed this was the case.

Duty of Candour

- We were told by the senior outpatients and diagnostic imaging managers that information regarding Duty of Candour had been cascaded to all staff from the divisional managers and team leaders.
- Nursing staff told us information had been made available to them on the trust's intranet regarding Duty of Candour and the responsibilities they had to be open and transparent with patients. One member of the clinical staff we spoke with demonstrated how they would deal with a Duty of Candour issues if there was the need for it and were aware of where this information was and how to access it.

Cleanliness, infection control and hygiene

- In all areas of the outpatients and diagnostic imaging department, we observed staff to be compliant with best practice regarding infection prevention and control policies. Staff were observed to wash or apply sanitising gel to their hands in-between caring for patients. There was access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons. All staff were observed to be adhering to the trust dress code, which was to be 'bare below the elbows'.
- The clinic areas and treatment rooms in the imaging department were visibly clean and tidy. We saw staff cleaning the areas between patient use, using appropriate wipes, thus reducing the risk of cross-infection or cross-contamination between patients. Within the imaging department staff took active measures to ensure that infection control issues were appropriately dealt with, including: hand washing, adhering to the 'bare below the elbows' practice, the use of protective clothing and training on infection prevention and control.
- Toilet facilities were located throughout the outpatients and diagnostic imaging department and these were clearly signposted. We looked at a sample of these and saw they were regularly cleaned, with records showing when they were last cleaned.
- Nursing staff were responsible for cleaning clinical equipment. We saw that there were checklists in place in each clinic room and observed that these had been completed to provide assurance that equipment and rooms had been cleaned.

Environment and equipment

- The environment in the outpatient and diagnostic imaging department was fit-for-purpose. There was adequate equipment available in all areas. Staff confirmed they had enough equipment to work with and had been trained to use them.
- There was no warning light in the DEXA X-ray room at the imaging department, however there was a warning sign on the door which was the legal requirement under the Ionising Radiations Regulations (Regulation 18).
- Resuscitation equipment was available. We saw evidence that the equipment had been recorded as being checked daily by staff and was safe and ready for use in an emergency. Single-use items were sealed and were in date.
- Equipment was visibly clean and was in good state of repair. We noted that green labels were placed on the equipment that had been cleaned. Equipment was labelled with their last service date and when next service was due. There was a contract for portable appliance testing and these were conducted on an annual basis. A record of checks were maintained.

Medicines

- Medicines were kept in a locked cupboard, and those that required refrigeration were kept in a fridge. Fridge temperatures were seen to be checked daily, ensuring that medicines were stored at correct temperatures.

Outpatients and diagnostic imaging

- Staff told us they were trained in medicines management and were aware of their responsibility in the safe administration of medicines. We asked for an audit on the use of medicines at the outpatient department and were told that this had never been done, and there were no pharmacist visits in some of the clinics and departments.

Records

- A number of concerns regarding patient records were raised with us prior to commencing the inspection. A number of patients were seen in the clinic without their medical records, or their last clinic letters. The trust had assured us that they had implemented a series of improvement measures to address these issues before we commenced our inspection. However, most of the staff we spoke with confirmed that the availability of medical records was still a problem at the outpatients department, and some of them were not aware of these improvement initiatives being implemented by the trust.
- We saw that medical records were held securely in the departments we visited and that patient confidentiality was maintained. We reviewed two records and found they contained appropriate information that ensured all staff caring for the patient were aware of care and treatment.
- We saw that risk assessments, such as those for patients with prostheses were completed prior to undergoing radiological examination, with safety questionnaires completed.

Safeguarding

- Staff we spoke with were aware of their responsibilities and understood their role in protecting children and vulnerable adults. They demonstrated knowledge and understanding of safeguarding procedures and of the trust's process for reporting concerns.
- The trust had a safeguarding and whistleblowing policy that was known to staff working in the outpatients and diagnostic imaging department. They told us that they would feel happy using this policy to raise concerns if they felt it was necessary.
- All outpatients and diagnostic imaging department staff had completed safeguarding training as part of mandatory training programme.

Mandatory training

- Mandatory training was completed by staff in the outpatients and diagnostic imaging department. The training included: resuscitation, fire safety, data protection and moving and handling. We saw that mandatory training was tailored to the needs of the department and staff, depending on work roles.
- We saw examples of staff training records showing completed training. We also saw examples of the monitoring that showed that staff had undertaken all mandatory training, such as: health and safety, fire safety, infection prevention and control, moving and handling, safeguarding and basic life support.
- The completion of mandatory training varied between different departments, however, the completion rates varied between clinics with an average that ranged between 70% to 90%. Staff knew how their training was monitored and confirmed that managers reminded them when training was overdue and needed to be completed.
- Staff we spoke with were positive about the training provided and were confident they would be supported to attend additional training if requested.

Assessing and responding to patient risk

- Staff attended basic life support training annually as a part of their mandatory training. Some radiographers, doctors and nurses working at the hospital had attended training in advanced life support. Staff we spoke with were aware of their role in a medical emergency.
- Staff described their roles and how they were able to identify the necessary steps taken in the event of a clinical emergency. They were able to identify the location of emergency equipment and how to access the resuscitation team.
- We observed that none of the clinics had displayed their performance or safety metrics. For example, waiting times, clinic and appointment cancellation rates, did not attend rates (DNA), or infection control audits.

Nursing staffing

- The managers explained the process for organising the staffing of the department with a rota being completed in advance. The rota was planned to try and put staff with specialised knowledge in the areas where their skills and experience would be best utilised.

Outpatients and diagnostic imaging

- Nursing staff we spoke with told us the staffing was usually well organised and the right levels were in place. Two of the nursing staff thought they needed more time allocated to complete their administration and paper work.
- Healthcare assistants had the opportunities to upgrade their knowledge and experience so that they could complete additional tasks such as administering eye drops, taking bloods and doing certain types of dressings. Healthcare assistants we spoke with told us they were not asked to complete tasks for which they had not been trained.

Medical staffing

- Medical staffing was provided by the relevant specialty running the clinics in the outpatient department. Medical staff were of mixed grades, from consultants to junior doctors. There was always a consultant to oversee the clinics, and junior doctors felt supported by the consultants.
- Doctors we spoke with thought they had a good relationship with outpatient nursing and clerical staff. They said they felt well supported and could discuss issues with them.
- The trust's policy stated that medical staff must give six weeks' notice of any leave in order that clinics could be adjusted in a timely manner. The outpatient department had not audited compliance with this policy, however, we were told that, where the policy was not met, staff escalated this to divisional leads to be investigated.
- Consultants and registrars provided cover for each other at times of annual leave or sickness whenever possible. All medical staff we spoke with confirmed that the cancellation of a clinic was a last resort.

Major incident awareness and training

- The trust had a business continuity management plan, which had been approved by the management team. The plan established a strategic and operational framework to ensure the hospital was resilient to a disruption, interruption or loss of services.
- The hospital major incident plan covered major incidents, such as a loss of electricity, the loss of the frontline system for patient information, the loss of information technology (IT) systems and internet access, a fire emergency or a loss of water supply.
- Staff we spoke with were aware of the hospital's major incident plan and they understood what actions to take in the event of a major incident. Most staff we spoke with had attended major incident awareness training within the three years prior to the inspection and were able to describe the outpatient department's role in the event of a major incident.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

Information about national guidelines, trust policies and procedures were effectively cascaded through the department. People received care from suitably qualified staff that were appropriately trained and appraised on their performance. There was evidence of multidisciplinary working, which promoted effective patient treatment.

Radiation guidelines, local rules and national diagnostic reference levels (DRLs) were available for staff to reference. Imaging regulations were followed appropriately through the use of these guidelines.

All permanent staff were competent to carry out their roles safely and effectively in line with best practice. The number of staff receiving continual professional development and supervision was satisfactory and staff told us they felt valued and supported by the organisation.

Evidence-based care and treatment

- Specialist areas, such as imaging department and radiation protection areas, were supported by evidence-based guidelines and monitoring practices in line with national requirements. The annual radiation protection report showed that, in general, the status of the radiation protection at the hospital was satisfactory and in line with Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER 2000) requirements.
- National Institute for Health and Care Excellence (NICE) guidance and the trust's treatment protocols and guidelines were available on the trust's intranet. Staff told us that guidance was easy to access and was comprehensive and clear.
- We noted that NICE guidelines were in use in most clinics. Staff we spoke with described how they ensured

that the care they provided was in line with best practice and national guidance. Adherence with NICE guidelines was monitored by the relevant directorates' clinical governance committees.

Pain relief

- Staff told us that they could give paracetamol to patients if they were in pain, but all other analgesics had to be prescribed before they could be administered to patients.
- The imaging department had a stock of pain relief and local anaesthetic for use when invasive procedures were being carried out. We were told that pain relief was discussed with patients during their consultation or treatment and analgesia was prescribed, where necessary.

Patient outcomes

- We spoke with staff in the outpatients department who confirmed that there were competency frameworks in place that were completed by staff as a requirement for the trust.
- National guidelines for radiological reporting and the clinic's own quality standards for radiology practice were followed in relation to radiology activity and reporting. This included all images being quality checked by radiographers before the patient left the department.
- We spoke with 16 patients, who were all satisfied with the overall experience of visiting the outpatients and diagnostic imaging department.
- The radiology service manager monitored the radiology turnaround times for reports. This data was shared with radiologists. The majority of reports were turned around within one day.

Competent staff

- Patients who attended outpatient clinics and the diagnostic and imaging department were very positive about the nursing staff and the care and treatment they had been given.
- In the diagnostic imaging department, there were protocols, policies and procedures in place for the use of equipment and these served as a reference manual for staff. All staff had undergone local training in the use of all equipment in the diagnostic imaging department.
- All staff we spoke with confirmed they received annual appraisals on the performance from their line manager. The trust reported that 90% of staff had received performance appraisal from their line managers. However, records of staff appraisals confirmed that these figures were variable between departments and not all departments achieved the 90% score. While some staff said they had formal supervision meetings with their managers, others said they did not. All staff we spoke with told us they were well supported by colleagues and by their managers.

Multidisciplinary working

- We observed clinical areas and saw doctors, nurses, support staff and administration staff had multidisciplinary team discussions to ensure patients' care and treatment was coordinated and the expected outcomes achieved. Patients received care from a range of different staff, teams or services, which were coordinated for the benefit of patients. Outpatient care and treatment plans were recorded and communicated with relevant parties. For example, with the patients' GPs to ensure continuity of care.
- Staff felt there was good teamwork with allied health professionals that supported an integrated care pathway for patients. They said medical input and liaison with GPs was good.

Seven-day services

- The outpatient department provided services Monday to Friday from 8.30am to 5pm. The outpatient department does not provide seven-day services. However, imaging services can be obtained during out of hours for emergency cases.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients we spoke with said they had completed consent forms before their treatment, when this had been appropriate. We were told that clinicians asked for consent before commencing any examination and explained the procedure that was to take place. Staff undertaking procedures were aware of the need to obtain patients' consent and had completed appropriate consent documentation.

Outpatients and diagnostic imaging

- We saw evidence from staff training records that clinical staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff we spoke with confirmed they had completed training and undertaken regular updates.

Are outpatient and diagnostic imaging services caring?

Good

Staff provided caring and compassionate services to patients. We observed patients receiving care in a compassionate manner and they were treated with dignity and respect. Clinic room doors were kept closed and staff knocked before entering clinic rooms to maintain patients' privacy. Patients and relatives commented positively about the care provided to them by the staff from all the areas of the outpatients and diagnostic imaging areas we visited.

Patients told us that doctors, nurses and other health professionals answered their questions and kept them informed of their care and treatment and this was always done in a way that they understood. We saw patients been given information about their treatment. Staff listened and responded to patients' questions positively and provided them with supporting literature to assist their understanding of their medical conditions.

Compassionate care

- We saw staff spending time with patients, explaining care pathways and treatment plans to them. We noticed that staff sat next to patients when appropriate, to speak with them. We observed that most staff treated patients with compassion, dignity and respect.
- Staff listened to patients and responded positively to questions and requests for information. We observed staff assisting patients around different outpatient areas, guiding them to the appropriate clinic areas. Staff approached patients rather than waiting for patients to request assistance, asking them if they needed assistance and pointing them in the right direction, when appropriate.
- We observed good interactions between staff and patients in the outpatient and diagnostic departments. Staff spoke with us about the caring and supportive service they had provided to their patients.
- Chaperones were offered to patients who needed chaperone services. Where patients attended the department alone and were deemed to be in need of a chaperone, one was provided to assist the patient throughout their outpatients and diagnostic imaging experience.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with told us they were encouraged to be involved in their care. They were listened to and were involved in decision-making about their care and treatment.
- We spent time in the department observing interactions between staff and patients. All of the patients we spoke with told us that their care was discussed with them in detail, and in a manner that they were able to understand. Patients told us that they felt included in decisions that were made about their care and that their preferences were taken into account.
- Some patients told us that they had not been given any information leaflets about the hospital prior to their appointments. However, we noted that there was Patient Advice and Liaison Service information displayed explaining to people how they could contact the Patient Advice and Liaison Service office. We also noted that there were patient information leaflets in the main waiting area of the hospital.
- Patients told us how they were able to ask questions during their consultations and also by speaking with nursing staff running the clinics. Most patients we spoke with told us nursing staff had explained their care and treatment to them and they thought that staff were friendly and polite.
- Staff told us that they encouraged patients to involve their families, carers and loved ones in their care. However, they respected the decision of patients when they chose not to involve others in their care and treatment.
- The outpatients and diagnostic imaging department was a calm and well-ordered environment. We saw nurses constantly checking that patients were comfortable and happy. One patient said, "The care here is brilliant. I never have to wait long for my appointment. The doctor explains everything, I always feel fully informed and aware of what is going on with me."

Outpatients and diagnostic imaging

Emotional support

- Nursing staff were observed to be sensitive to the needs of patients. Staff explained how they ensured patients were in a suitably private area or room before breaking bad news to them. We were told that it was always possible to locate a suitable room for these discussions. Patients and relatives we spoke with confirmed that they had been supported when they were given bad news about their condition. Nurses were always available to help and support patients with information when they were in clinic.
- We saw an example of nursing staff supporting a frail elderly patient with compassion and dignity. The patient was very tired from their journey to the department and staff ensured that they were supported during their stay in the department.
- We were not made aware of any specific counselling or support services available to patients with regards to clinical care.
- There was a chaplaincy service available during the week, which provided an on-call service to both patients and relatives.

Are outpatient and diagnostic imaging services responsive?

Good

Access to care and treatment was monitored and was in line with the national average. Staff had a good understanding of the complaints process and received regular feedback following complaints.

The outpatients and diagnostic imaging department was monitoring developments that impacted on care delivery, such as developing a policy to monitor and reduce non-attendance at hospital appointments, longer waiting times, delivering on the referral-to-treatment (RTT) and complaint responsiveness. In general, resources and facilities were good and met the needs of patients attending the department.

Facilities in the outpatients department were being improved to ensure that people could access the right care at the right time. Patients did not have lengthy waiting times while in clinic and cancelled appointments were minimal. Patients were kept informed of waiting times.

The total number of cancelled appointments, including hospital cancelled and patient cancelled appointments was 5%, as compared to the trust average of 10% and England average of 12%.Staff responded to patients' individual needs and supported them throughout their journey at the hospital during their appointment.

Service planning and delivery to meet the needs of local people

- Patients told us they were allocated enough time with the doctors when they attended their appointments, and that their appointments were not rushed. Doctors were well informed about patients' medical history, and patients' medical records were not always available to doctors in clinic.
- There was a separate waiting area for children. Children's needs were met by the provision of age-appropriate toys and activities.
- There was sufficient seating in the waiting room, and reception staff had a direct line of sight of the area. The waiting areas were comfortable and not crowded. There was a shop in the main corridor of the hospital where patients and their family could buy themselves snacks and drinks if they wished.

Access and flow

- Patients we spoke with said they were informed of how to book an appointment at the clinic and were provided with sufficient notice for their appointment. Referral and access to other services such as blood tests and X-rays were considered to be appropriate by patients we spoke with.
- We were told waiting times and cancellations were minimal at the hospital, and if there were any delays, these were limited and managed appropriately. The receptionists ensured patients were informed of any delays to their appointments or treatment as soon as they arrived if there were any.
- The Hospital Episode Statistics (HES) data for July 2013 to June 2014 showed the hospital cancelled 2% of appointments as compared to the trust average of 8% and England average of 6% cancellations by the provider. The hospital 'did not attend' (DNA) rate was 7%. This figure was similar to the England average of 7% and was better than the trust average of 9%.
- Diagnostic waiting times were worse than the England average, the percentage of diagnostic patients waiting more than six weeks for appointments was 5%. This was higher than the England average of 2%.

Outpatients and diagnostic imaging

- The trust operational standard for April 2013 to November 2014 stated that 95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral and 92% of incomplete pathways should start consultant-led treatment within 18 weeks of referral. On average, the trust was not meeting these targets, and the worst performing specialties were the cardiothoracic surgery and neurosurgery specialties, which were 72% and 74% respectively for incomplete pathways and/or non-admitted pathways. The neurology and neurosurgery services were the worst performing, at 83% and 87% respectively.
- The trust's RTT performance for non-admitted patients (incomplete pathways) was 96% for patients starting treatment within 18 weeks of referral (April 2013 to November 2014). This was higher (better) than the national average of 94%.
- Cancer waiting times for the trust were similar to the England average for all the three measures at trust level for 2013/14(This was based on trust-wide data, since there were no specific cancer waiting times for Orpington Hospital). The percentage of people seen by a specialist within two weeks of urgent GP referral for all cancers was 95%, and the percentage of people waiting less than 31 days from diagnosis to first definitive treatment for all cancers was 98%. The percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment for all cancers was 86%, all these were within the England average.
- Paper referrals-to-treatment were managed by the outpatients administration centre (OPAC) located at the King's College Hospital (Denmark Hill site). Choose and Book referrals were managed by a separate team also located at this site. NHS Choose and Book is a national electronic appointment system, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Choose and Book referrals were directly bookable by patients, who could access and book appointment slots by phone or online. They could also be booked indirectly by OPAC staff. If Choose and Book referrals could not be managed within the 18-week timescale, the system would alert staff, so that they could obtain a paper referral that could be managed outside of the Choose and Book system.
- Once referrals were received, the booking clerks booked the patient onto the system before sending the referral to the relevant consultant for triage. Managers told us that the expectation was that consultants would triage referrals within 48 hours. However, this was not always happening. The manager of OPAC was working on a service-level agreement, which was at a draft stage at the time of our inspection. They hoped that, once completed and agreed by specialties, this document would have clear protocols and key performance indicators (KPIs) around the timeframes for triaging referrals.
- During triage, referrals would be rated for urgency and then forwarded to the OPAC team to make the appointment. Two-week wait appointments were made within two weeks, urgent appointments were made within one to four weeks, and routine appointments were made within eighteen weeks. Central booking staff then booked appointments using the urgency scale. We were told that the team used the same criteria across all specialties, and would escalate to divisional leads if they could not make appointments within the agreed timescale. Staff did not have an escalation policy. Therefore, the OPAC manager had included the escalation of 18-week breaches into the service level agreement (SLA) draft that they were working on at the time of our inspection.
- Where booking staff had escalated patients who they were unable to book within the timescales required, divisional managers would steer staff on how to manage these bookings. We were told that this would be addressed by providing extra clinics, converting follow up appointment slots into new appointments, double booking clinic spots or by agreeing breeches in the RTT.

Meeting people's individual needs

- There was written information leaflets available for patients. Some of these leaflets had been produced by the trust, and others had been provided by external agencies, such as the Macmillan Cancer Support, British Heart Foundation, and so on.
- Staff ensured that patients who were distressed or confused by the outpatient environment were treated appropriately. Patients with a learning disability or diagnosis of dementia were moved to the front of the clinic list. The outpatient staff liaised, where needed, with the patient transport staff to ensure that this process ran smoothly.

Outpatients and diagnostic imaging

- Patients we spoke with were positive about the outpatient services and told us they were satisfied with the treatment they received. Patients made positive comments about nursing staff, healthcare assistants, receptionists and doctors.
- The environment in the reception area allowed for confidential conversations.
- We were told that translation services could be accessed through Language Line Solutions (a telephone translation service), for people whose first language was not English. However, there were no posters or written information about these translation services available for patients.

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Initial complaints would be dealt with by the outpatient department senior nurse, or nurse in charge. Patients were also directed to the Patient Advice and Liaison Service, if needed. Nursing staff described how they would resolve patients' concerns informally in the first instance, before escalating to senior staff if necessary. There was Patient Advice and Liaison Service information available throughout the hospital.
- Staff we spoke with were unable to give us examples of complaints received by the department, or of where practice in the department had changed following a complaint. The senior nurse told us that, if there was any learning from complaints, this would be fed back to staff during staff meetings. However, we looked at staff meeting minutes and did not see that complaints had not been discussed during these meetings.

Are outpatient and diagnostic imaging services well-led?

Good

Trust-wide and local leadership was provided to the staff working in the outpatient and diagnostic imaging department at the Orpington Hospital. Staff were clear about their areas of responsibility and the lines of accountability. Clinical staff told us managers and senior staff were approachable and staff felt listened to and able to contribute.

Staff understood the vision of the trust and hospital and they could demonstrate how this was implemented in practice. Staff told us they enjoyed their work and felt that it made a difference to how patients felt about the hospital. Staff in all the outpatients and diagnostic imaging areas stated their managers were visible and provided clear leadership. Staff and managers told us there was an open culture and they felt empowered to express their opinions and felt they were listened to by the management. However, some staff did not feel well supported by their managers. They felt their voices and concerns were not heard or addressed.

There were regular staff meetings and information was communicated between different groups. Staff were kept informed of changes and developments.

Vision and strategy for this service

- Senior managers told us what their vision for their service areas were. Most of the staff spoken with were aware of the 'King's Values' and 'Team Kings' initiatives, that sought to ensure that every employee at the trust was valued equally. There were shared objectives and strategies in place to achieve an improved service provision across all the trust's sites.
- All staff were aware of the hospital's vision and values that included care being delivered with compassion, dignity, respect, and equality. Staff stated that quality was a key priority for the hospital.

Governance, risk management and quality measurement

- There were regular team meetings to discuss issues, concerns and complaints across the departments of the outpatients and diagnostic imaging service. We were told the hospital had a risk register and managers were responsible for updating the register with their departments' risks. Managers told us they were aware of the risks in their departments and were monitoring and managing those risks. We were provided with risks associated with the outpatients and diagnostic imaging department and they were service specific.
- We were told that hospital risks were part of the standing agenda at governance and risk meetings. We saw evidence that trust-wide risks were discussed at departmental meetings. Monthly clinical governance meetings were held within the directorate and all medical staff were encouraged to attend, including

junior doctors. We looked at the minutes of the meetings for the three months before the inspection and noted that risks, complaints, incidents and audits were discussed at these meetings.

- Patient appointment systems were managed by the service lead at the dermatology department in an attempt to reduce waiting times and cancelled clinics. We saw evidence of the trust managers working closely with their clinical commissioning group (CCG) colleagues and GPs to manage patient appointment systems in order to reduce waiting times and cancellations.

Leadership of service

- There were clear lines of accountability and responsibility within the outpatient and diagnostic imaging. Staff in all areas stated that they were well supported by their managers, that their managers were visible and that they provided clear leadership.
- Staff told us the hospital management team were accessible and visited their departments frequently. Supervisors and team leaders in the outpatients and imaging department stated the main challenges to delivering care was ensuring that there was an appropriate skills mix amongst staff, as well as the recruitment of suitably qualified staff.
- The staff who we spoke with told us that the director of nursing was always helpful and supportive, as was the head of nursing for outpatient services. Staff said that they could approach their line manager and senior managers with any concerns or ideas. These conversations helped us to judge that the organisational leadership had created an open and collaborative approach across the trust. The trust had a program of 'Ward to Board – Go See Visits', where board members visited clinical areas to interact with staff.

Culture within the service

- There was a positive culture amongst staff, who were committed and proud of their work. Quality and patient experience were seen as priorities and everyone's responsibility. However, clinics often ran late and there were no audits undertaken on the long waits in clinics.
- Radiologists and imaging staff felt well supported and there were good opportunities for professional development, like study days and attending conferences. Most staff supported each other and there was good team working within the departments.
- Medical staff we spoke with told us the communication between different professionals was good and that it helped to promote a positive culture within the department.
- All staff we spoke with were professional, open and honest, and were positive about working at the hospital. Staff acted in a professional manner. They were respectful, honest and polite.
- A consultant we spoke with told us they thought the communication between the different professionals was "excellent" and that it helped promote a "very positive working environment". Staff we spoke with told us they felt able to raise concerns and discuss issues with the managers of the department.

Public and staff engagement

- The trust newsletter '@Kings' for public and staff included information on changes taking place trust-wide, such as how complaints were managed. This also included information relating to significant events occurring within the trust. For example, information regarding this inspection. Information was also provided regarding specific departmental changes.
- Staff we spoke with said they felt engaged with the trust and could share ideas or concerns within their peer group and with their manager. Staff were given trust messages directly via email and through bulletins on screen savers. Staff we spoke with said they felt well informed of developments and issues within the hospital and the wider trust in general.
- Staff we spoke with were positive about the quality of care they provided, the future of the service, and spoke very highly of the team they worked in. However, some of them did not feel empowered to raise issues that could not be addressed with the wider trust leadership.

Innovation, improvement and sustainability

- Senior managers told us there were plans in place to: deliver on the trust referral-to-treatment target, improve complaints responsiveness, deliver improvement on cancer patient experience and the improve the quality of the patient experience in the outpatient and diagnostic imaging departments. Senior managers were confident that the improvements could be delivered. However, these improvement plans had not been fully implemented at the time of our inspection and not all staff were aware of these plans either.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Ensure patients are seen in outpatient clinics with their full set of medical notes.

Action the hospital SHOULD take to improve

- Undertake medication audits in the outpatients and diagnostic imaging department.
- Ensure that a radiation protection supervisor is onsite.
- Conduct audits of the radiology reporting times.
- Undertake daily safety checks of the imaging and diagnostics department.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure an accurate, complete and contemporaneous record for each patient because most clinics were often run without the patients' medical notes. Regulation 17 (2) (c)