

Royal National Orthopaedic Hospital NHS Trust

Quality Report

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

The Royal National Orthopaedic Hospital NHS Trust comprises of the main hospital in Stanmore and an outpatients facility in Bolsover Street. It is the largest specialist orthopaedic hospital in the UK, with 220 beds, and is regarded as a leader in the field of orthopaedics, both in the UK and worldwide. As a national centre of excellence, the trust treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions, or for treatment of complex or rare conditions.

The Royal National Orthopaedic Hospital NHS Trust has been selected as one of the first specialist trusts to be inspected under CQC's revised inspection approach. It provides surgery, medical care for spinal and rehabilitation patients, outpatients, critical care and children and young people's services.

The team of over 30 included CQC inspectors and analysts, doctors, nurses, Experts by Experience and senior NHS managers. The inspection took place on 7, 8 and 9 May 2014.

Overall, we rated this trust as 'requires improvement'. We rated it 'outstanding' for providing caring and effective care but it required improvement for the services to be safe, responsive and well-led.

We rated medical care as 'outstanding' and surgery and critical care as 'good'. However, the outpatient services and children and young people's services 'require improvement'.

Our key findings were as follows:

- The premises at the Stanmore location were not fit for purpose – it does not provide an adequate environment to care and treat patients.
- Bullying and harassment had been a theme of the culture for the last six years. More recently there had been a significant focus on culture, values and behaviours of all staff.
- Patients praised staff and the excellent care they received. The NHS Friends and Family Test results were consistently higher than the national average. The response rate was 73.1% compared to the national average of 24%.
- Staff were caring and compassionate and treated patients with dignity and respect.
- Staffing levels and the skill mix of staff met patients' needs.
- Overall staff followed good infection control practices. The hospital was clean and well maintained. Infection control rates in the hospital were within a statistically acceptable range.
- The medical care for spinal injury patients and patients receiving rehabilitation was outstanding.
- Some patients had unnecessary waits at their outpatients appointments.
- The children and young people's service was not responsive to their needs.

We saw several areas of outstanding practice including:

- Outstanding clinical outcomes for patients.
- The London Sarcoma Service (one of five National Centres) was rated as Excellent or Good by the majority of patients. The satisfaction scores were 3.5% higher than the England average for cancer services
- London Spinal Cord Injury Centre is one of eight centres in England. The pathway of care was described as "world class" by patients and in independent reviews.
- Innovative surgery was being carried out to improve patients' quality of life. For example, limb lengthening for patients with skeletal malformation.
- The executive board demonstrated leadership and vision for the hospital.
- There were good staffing levels with the appropriate skills to care for patients.
- Effective multidisciplinary working putting the patient first.
- A hotel-based rehabilitation programme supporting patients to recover from surgery and have a normal daily life.
- A ward dedicated to providing wound care to patients with appropriately skilled staff.
- Some wards had started to use a drink container that attached to equipment and could be kept with patients at all times to ensure patients were kept hydrated, especially during rehabilitation sessions.
- The training for surgical trainees was excellent.

Summary of findings

- The education for children and young people's was well integrated into the service, and inclusive and innovative teaching methods meant that children and young people could continue to access learning throughout their hospital stays.
- The outpatients service environment at Bolsover Street was designed with the patient at the centre of service.
- Medical records were available in 99% of outpatients appointments.
- Some patients at outpatients were given pagers on arrival so they were free to wait in an area that suited them - children's play areas, the café or different departments within the building - and not miss their appointments

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

Importantly, the trust must ensure:

- The design and layout of the Stanmore location is suitable for all service users.
- To continue to significantly focus on culture, values and behaviours of all staff.
- Robust governance systems are in place for managing risk.
- Learning from incidents is widely shared.
- Outpatient clinic appointments start on time and patients do not experience avoidable delays.

- The World Health Organisation (WHO) surgical safety checklist is used and completed at each stage of surgery and radiology.
- The paediatric resuscitation equipment is checked regularly to assure it is ready for use if required.
- Staff that treat children and young people are up-to-date with the appropriate level of safeguarding training.
- The needs of children and young people are considered in scheduling operations.

In addition the trust should:

- Develop the services across seven days.
- Review its use of opioids prescribed for pain relief for older people.
- Consider the mechanisms in place for identifying if equipment including mechanical ventilators, cardiac monitors and mattresses used to prevent pressure ulcers are clear to all when testing is needed.
- Ensure all staff are aware of support mechanisms such as the employee assistance programme. The RCN recommends there should be formal support mechanism available due to the challenging and highly specialised nature of the service provided, particularly with children and young people.
- Consider carrying out formal proactive audits of cleanliness and infection control in the outpatients clinics.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Royal National Orthopaedic Hospital NHS Trust

The Royal National Orthopaedic Hospital NHS Trust is the largest specialist orthopaedic hospital in the UK with 220 beds and regarded as a leader in the field of orthopaedics both in the UK and world-wide. As a national centre of excellence, the trust treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex or rare conditions. The Trust's inpatient activity was 15,842 in 2012/13 and approximately 90,000 outpatient activity. It carries out a high number of hips and knee replacements, many on patients who have undergone the procedures before.

The trust plays a major role in teaching. 20% of all UK orthopaedic surgeons receive training at the trust and for which the teaching and clinical effectiveness are enhanced by the trust's work in research and development and an academic links with University College, London. The trust provides services at two locations – Stanmore in Middlesex and a Central London outpatients facility in Bolsover Street.

The Royal National Orthopaedic Hospital NHS Trust has been selected as one of the first specialist trusts to be inspected under the CQC's revised inspection approach.

Our inspection team

Our inspection team was led by:

Chair: Professor Norman Williams, President, Royal College of Surgeons

Head of Hospital Inspections: Siobhan Jordan, Care Quality Commission

Team Leader: Hayley Marle, Inspection Manager, Care Quality Commission

The team included over 30 people, CQC inspectors and a variety of specialists: consultant orthopaedic surgeons, consultant specialist paediatrician, junior doctor, orthogeriatrician, critical care intensivist, orthopaedic nurses, student nurse, children's nurses, operational managers, physiotherapist, occupational therapist, pharmacy inspector, analysts and an Expert by Experience.

How we carried out this inspection

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the trust's key referrer of patients, NHS Trust Development Authority, the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the Health and Care professions Council (HCPC), Parliamentary & Health Service Ombudsman (PHSO), NHS Litigation Authority, the royal colleges and the local Healthwatches.

We held a listening event in Stanmore 6 May 2014, when people shared their views and experiences of the hospital. Some people who were unable to attend the listening events shared their experiences through email or telephone.

We carried out an announced inspection visit on 7–9 May 2014. We held focus groups with a range of staff in the

hospital, including senior nurses, junior doctors, consultants, student nurses and healthcare assistants, administrative and clerical staff, physiotherapists, occupational therapists, and pharmacists. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas, theatres and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

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

Summary of findings

What people who use the trust's services say

We spoke with many people during our visit to the trust who were using the services. Both as a patient and as a carer or relative of those using the service. We also held a public listening event on 7 May 2014 at nearby Stanmore College. 13 people joined us to share their views and experiences of the trust. Overwhelmingly people were very positive and proud of the service being provided.

From November to February 2014, the trust performed above the national average of 64 in the inpatient Family and Friends Test (FFT) scoring 78. The overall response rate to the FFT was 73.1% compared to the national average of 24%.

The Stanmore location had 25 reviews on NHS Choices (October 2008 to May 2014) and was rated as having 4.5 stars out of 5.

The Bolsover Street location had two reviews on NHS Choices as of June 2014, and was rated as having 5 stars out of 5.

During our inspection 28 comment cards were completed by patients and some staff. All but one comment card were very positive about the hospital and services. In addition 20 comments cards were received regarding the outpatients services. The majority of these were positive and related to the good or excellent care that patients received. Patients told us that staff were kind and caring and that staff at all levels and professions had time to listen and help them. However patients also told us that clinics often did not run on time.

Facts and data about this trust

1. Context

- The trust provides services at two locations – Stanmore and Bolsover Street (outpatients only)
- 220 beds across 13 wards at the Stanmore location
- Largest specialist orthopaedic hospital in the UK
- 20% of all UK orthopaedic surgeons receive training at the trust
- Population: the trust treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex or rare conditions
- Staff: 1,354 as at 31 March 2014
- Surplus (deficit) £2.1 million (2012/13)
- The trust provides a range of neuro-musculoskeletal healthcare, ranging from spinal injury or complex bone tumour to orthopaedic medicine and specialist rehabilitation for chronic back sufferers.

2. Activity

- Inpatient admissions: 15,842 (2012-13)
- Outpatient attendances: 111,144 (2012-13)
- Deaths in hospital: 8 (2013-14) – 5 in ITU

3. Bed occupancy

- General and acute: 73.2% (October-December 2013). This is below the England average (87.5%). It is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital when above 85%.
- Adult critical care: 61.4% (lower than England average 82.9%)

4. Intelligent Monitoring

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

Total: Risks = 2, Elevated = 1, Score = 4

Risk: Composite risk rating of ESR items relating to staff registration

Risk: Healthcare Worker Flu vaccination uptake

Elevated Risk (score two points): PROMs EQ-5D score: Knee Replacement (PRIMARY)*

*Complex case mix needs to be considered at a specialist trust

Summary of findings

5. Safe:

- Two Never events were reported by the trust between December 2012 and January 2014
- 13 reported serious incidents between December 2012 and January 2014
- National reporting and learning system (NRLS) April 2013 and March 2014

Deaths - 1

Severe - 28

Moderate - 272

Total - 301

- Overall, there was a lower incidence of grade 3 and 4 (more serious) pressure ulcers reported in the last 12 months when compared with the England average.
- There was a low number of patients suffering from venous thromboembolism (VTE) reported when compared with the England average. (Source: Safety Thermometer February 2013 – February 2014).
- For 11 out of 12 months the trust was below the England average for patients fall with harm (Source: Safety Thermometer February 2013 – February 2014).

6. Effective:

- One elevated risk: PROMs EQ-5D score: knee replacement (primary).

7. Caring:

- CQC inpatient survey (nine applicable areas): The trust performs above the expected range for six out of the nine applicable sections. The trust performed the same as other trusts for waiting list and planned admissions, nurses and care and treatment.
- FFT inpatient: Above the England average for three out of four months (November 2013 to February 2014).

- The trust had a consistently high response rate to the FFT.
- Cancer patient experience survey (69 questions) - Above England average for 13 questions; average for 31 and below average for 25 questions.
- The patient led assessment of care environment scored the hospital at 80% or above for cleanliness, food, privacy, dignity and wellbeing and facilities.
- The hospital had 25 reviews on NHS Choices (October 2008 to May 2014), and was rated as 4.5 stars out of 5.

8. Responsive:

- Cancelled operations: Similar to expected or tending towards better than others.
- Better than average on notice of discharge.
- Overall waiting times were good.

9. Well led:



- Staff survey (28 questions) - Above England average for 4 questions; average for 10 questions; below for 14 questions
- 27 of the question scores remained the same as in 2012.
- Sickness rate 3.5%. Below 4.2% which is the England average
- GMC training survey 2013: The trust was better than expected in trauma and orthopaedic surgery for workload and access to educational resources.
- The trust was worse than expected in two areas, induction and educational supervision in Anaesthetics

10. CQC inspection history

- Four inspections at the trust since its registration in April 2010.
- The trust was non-compliant in respect of the outcome safety and suitability of premises with a minor impact on patients since 31 January 2013.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The hospital was clean and staff followed infection control principles. The trust was the longest standing in London with no MRSA bacteraemia acquired on site.</p> <p>Staffing establishments (levels and skill mix) were set and reviewed to keep people safe and meet their needs across all services and at all times of day and night.</p> <p>The patient pathway began with pre-assessment, admission and consent processes. There was evidence of appropriate patient risk assessments being carried out and reviewed when the patient status changed. Patient records covered all aspects of care, and we saw excellent adherence to professional standards of record keeping. Following surgery patients attended outpatients where in 99% of cases records were available.</p> <p>The approach to safety was inconsistent. The World Health Organisation (WHO) surgical safety checklist for interventional treatments undertaken in theatre and radiology was being used. However, we observed that it was not embedded in practice and medical staff did not always complete the safety checks at the correct stages, which may compromise patient safety.</p> <p>Most staff reported incidents. They were investigated and actions taken, however they were not always learned from to improve safety within services and across the hospital.</p>	<p>Requires improvement </p>
<p>Are services at this trust effective?</p> <p>The outcomes for patients were outstanding, and care and treatment was based on published guidance. The trust is a recognised world leader in treating patients with complex orthopaedic problems, and has a record of using pioneering treatment to achieve excellent outcomes. The trust's high achievements were recognised by credible bodies.</p> <p>Due to the specialist services of the trust, national standards or benchmarking of the services is not always comparable. However, in the Getting it Right First Time Report, the clinical outcomes benchmarked well; for example, national joint registry revisions. Furthermore staff were proactive in measuring the effectiveness of the care and treatment provided. Patient outcome data was collected and used to improve the outcomes and manage the</p>	<p>Outstanding </p>

Summary of findings

expectations of patients. In the children's and young and people services, surgeons worked with the British Society for Child Orthopaedic Services (BSCOS) to identify methods to benchmark outcomes nationally.

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

Are services at this trust caring?

Patients and their families were treated with kindness, dignity, respect and compassion. Staff responded to patient needs, and were empathetic. The hospital consistently performed higher than the national average in the Friends and Family Test, and the trust patient experience survey achieved very good results. Over the period of our inspection we witnessed many episodes of kind, compassionate and caring interactions from all staff groups, and patients and relatives were universally very positive in their feedback. The children's and young people's services had worked hard to increase the Friends and Family Test response rate, and recently introduced a 'child-friendly' form, which was now achieving returns above the national response rate. As a result, scores were at or above the national average.

Patients privacy was respected. Patients were experts in understanding their care as they were involved in their care and treatment, and were given full and easy-to-understand explanations and instructions from staff when they required them. Patients received emotional support, either as part of their rehabilitation programme if their needs were complex, or as required.

Outstanding



Are services at this trust responsive?

The use of the trust estate and layout meant that the service was not responsive to children and young people's needs. Several external reviews of the services had been carried out however there was limited progress with the recommendations. Education was well integrated into the service and inclusive and innovative teaching methods meant that children and young people could continue to access learning throughout their hospital stays.

Some clinics in the outpatients services often started and ran late. 26% of the clinics at Stanmore and 21% of clinics at Bolsover started late. A significant proportion of letters were not sent out for over one month. There was an exception within the trust that letters regarding patients who had cancer would be sent out within 48 hours. The trust did not have standards as to when letters should be sent.

Requires improvement



Summary of findings

The medical care and adult surgical services were responsive to the needs of patients. The trust managed the availability of beds to ensure that patients were admitted as expected. Although there were a number of cancellations annually, we noted that the majority were due to the person not being well enough for surgery on the day. Patients were pre-assessed for surgery. This was undertaken at the same time as the outpatient appointment to prevent another visit to the hospital.

There was consistently good compliance with the 18 Week referral to treatment standards with occasional low volume breaches. We were told the reasons for breaches were beyond the trusts control as a tertiary centre or due to reliance on low numbers of sub-specialist staff.

Overall patients concerns and complaints were listened too and responded to within recommended timescales. Patients were involved in the process.

Are services at this trust well-led?

The vision for the trust was driven by quality for patients and ensuring the trust remains the UK's leading specialist orthopaedic provider and investing in more research and education

Given the on-going challenges faced by the Stanmore premises, the board was commendable in leading the organisation. At a service level, staff were well led however children's and young people's and outpatients services required improvements in leadership to cultivate the quality of the service for patients.

In the staff survey 24% reported they had experienced bullying, harassment or abuse. At a service level these findings were variable – most staff were proud to work for the trust and would recommend it as a good place to work. Most staff felt they contributed to creating a positive work environment. Bullying and harassment had been a theme of the staff survey for the last six years and the trust had been slow to change the culture. However efforts had recently been made to focus significantly on culture, values and behaviours of all staff.

Staff morale was generally high on the surgical wards, but in theatres, overrunning lists and working additional hours to cover staff vacancies had affected the morale.

The governance and risk management processes in operation were not always sensitive to ensuring risks and incidents were known and

Requires improvement



Summary of findings

acted upon at all levels and across the service. Staff were aware of the processes and they fed up to the board but there was tendency to work in silos within services and specialties, so staff didn't always know what was happening in other parts of the hospital.

Vision and strategy for this service

- The leadership team had a clear vision that was believed in by staff at all levels. The vision was to remain the UK's leading specialist orthopaedic provider, further enhancing its international profile for outstanding patient care, research and education.
- All staff were enthusiastic about the vision but felt it was dependent on a new build.
- Progress had been made with achieving the vision, planning permission was granted with the local authority in March 2013 and improved access to the roads had started.
- Staff were supported to lead and participate in research. We saw numerous examples of academic journal articles and case studies based on the patients care and treatment.
- An organisational development strategy was transforming the services to meet the needs of patients. Historically the services had been consultant led which had meant patients' needs were not always put first.
- A service transformation programme had been created to assess the financial environment, growing public expectations, and changing patient demographics to assist in achieving the vision.

Governance, risk management and quality measurement

- The governance and risk management systems needed strengthening to ensure all issues and risks were captured and mitigated.
- An external review had recently been completed to support the organisational change of risk management they identified a number of improvements.
- Some staff were unclear on what constituted a risk or an issue and who made the decisions to due to the governance structure. There had been recent changes that introduced three main risk registers and work was underway to train staff and embed the governance system.
- 19 members of staff had recently been trained in root cause analysis - to investigate and learn from when things go wrong. No doctors attended the training.
- The board were assured that quality measures were in place by reviewing the patient experience report, patient outcome data and visiting patients in patient safety walkabouts.

Summary of findings

- Analysis and review of financial information had improved and the board was assured the quality systems in place allowed them to provide proactive challenge.
- The estates of the Stanmore hospital were prioritised as the main risk. A survey outlined a three year investment plan to eliminate high and significant risk backlog in improving the estates and ensuring patients would be kept safe.

Leadership of service

- Given the on-going challenges faced by the Stanmore premises, the inspection team found the board was commendable in leading the organisation. However there was a focus on the building and the environment and we found concerns in services that were not impacted on by the environment and could be addressed.
- The leadership team were clear and honest on the vision for the service, they demonstrated and set the behaviours that they expected of all staff.
- They recognised the culture change of the service was not happening as quickly as it was needed and had taken steps to rectify this. For example 'staff champions'.
- There was a triumvirate structure with the director of nursing (interim in post), medical director and chief operating officer working closely together under the chief executive.
- The Non-executive directors (NEDs) provided support and challenge in driving the organisation forwards.
- Investment had been made in the structure of the human resources department to develop the organisational development strategy and embed values and behaviours.

Culture within the service

- The staff survey reported 24% of staff experienced bullying and harassment. This result was above the national average and had been since 2008.
- The inspection team had recognised efforts had started to tackle the culture however, there had been slow progress.
- The trust recognised significant focus was needed on improving the culture, values and behaviours.
- Some groups of staff reported not feeling listened too by senior staff. However they felt changes were being made in response to the bullying and harassment results of the staff survey within their specialty
- There was consensus from the focus groups we held that it was a stressful environment and there was a high demand on staff to perform. This may have contributed to the perception of bullying and harassment.

Summary of findings

- An employee assistance programme was available for all staff to speak confidentially and was used by 4% of staff.
- 3% of staff reported they'd experienced physical violence from staff in the last 12 months. The trust recognised this was unacceptable and were engaging with staff to identify where action needed to be taken.
- The majority of staff we spoke with were proud to work at the trust and enjoyed the interesting and rewarding roles they held. In the staff survey 3.69 out of 5 respondents (an increase from previous years) would recommend the trust as a good place to work.

Public and staff engagement

- Patients travel from all over the country to receive treatment – often because they cannot be cared for elsewhere. They have more complex conditions than patients seen at other elective orthopaedic providers therefore patients have a lifetime relationship with the trust. They can return to the trust, without a referral if there is a clinical need years after surgery.
- Key stakeholders reported working well with the trust ensuring the patients' needs were put first.
- One of the main referrers of patients reported there was good access to specialist advice in and out of hours from this trust, patients were seen quickly, and discharge information and support for staff when patients are discharged back was good.
- The CEO spoke regularly with referrers to assess and monitor the quality of the service being provided.
- The local population at the listening event were very proud to have a world-class service in their local authority that treated patients from all over the country.
- The leadership team carried out patient safety walkabouts to engage with staff.
- Staff reported due to the size of the trust they felt the leadership team were visible and approachable.
- A 'you said, we did' campaign and 'listening events' had been launched in response to the staff survey. Most staff were aware of the new initiatives and thought they were a good idea.
- My 'bright idea' had been launched for staff to propose ideas to improve the quality of the service, reduce duplication or costs. However not all staff were aware of this new initiative.

Innovation, improvement and sustainability

- The trust supported safe innovation and allowed staff to take managed risks in order to improve performance.
- Innovative operations were being carried out to improve patients' lives.

Summary of findings

- The trust is the first to obtain new equipment that is used to intra-operatively produce high quality scans that were used to insert metalwork into the spine safely, reducing the risk of injury to the spinal cords and nerves.
- Staff were supported to improve by collecting and reviewing their patient outcome data.
- Financial pressures were managed in a way that did not impact on the quality of care.
- The demand for the specialist orthopaedic service had been growing and consultants were eager for the service to be the biggest and the best and its vision achieved.
- The trust was raising its academic profile and working with academic leaders University Colleges London (UCL) and UCL partners academic health science network.

Overview of ratings

Our ratings for Royal National Orthopaedic NHS Trust - Stanmore

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

Our ratings for Royal National Orthopaedic NHS Trust – Bolsover Street

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Royal National Orthopaedic Hospital NHS Trust

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

Notes

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

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- Outstanding clinical outcomes for patients.
- The London Sarcoma Service (one of five National Centres) was rated as Excellent or Good by the majority of patients. The satisfaction scores were 3.5% higher than the England average for cancer services.
- London Spinal Cord Injury Centre is one of eight centres in England. The pathway of care was described as “world class” by patients and in independent reviews.
- Innovative surgery was being carried out to improve patients quality of life. For example limb lengthening for patients with skeletal malformation.
- The Executive board demonstrated leadership and vision for the hospital.
- There were good staffing levels with the appropriate skills to care for patients.
- Effective multi-disciplinary working putting the patient first.
- A hotel based rehabilitation programme supporting patients to recover from surgery and have a normal daily life.
- A ward dedicated to providing wound care to patients with appropriately skilled staff.
- Some wards had started to use a drink container that attached to equipment and could be kept with patients at all times to ensure patients were kept hydrated, especially during rehabilitation sessions.
- The training for surgical trainees was excellent.
- The education for children and young people’s was well integrated into the service, and inclusive and innovative teaching methods meant that children and young people could continue to access learning throughout their hospital stays.
- The outpatients service environment at Bolsover Street was designed with the patient at the centre of service.
- Medical records were available in 99% of outpatients appointments.
- Some patients at outpatients were given pagers on arrival so they were free to wait in an area that suited them - children’s play areas, the café or different departments within the building - and not miss their appointments.

Areas for improvement

Action the trust **MUST** take to improve

The trust must ensure:

- The design and layout of the Stanmore location is suitable for all service users.
- To continue to significantly focus on culture, values and behaviours of all staff.
- Robust governance systems are in place for managing risk.
- Learning from incidents is widely shared.
- Outpatient clinic appointments start on time and patients do not experience avoidable delays.
- The World Health Organisation (WHO) surgical safety checklist is used and completed at each stage of surgery and radiology.
- The paediatric resuscitation equipment is checked regularly to assure it is ready for use if required.
- Staff that treat children and young people are up-to-date with the appropriate level of safeguarding training.
- The needs of children and young people are considered in scheduling operations.

Action the trust **SHOULD** take to improve

- Develop the services across seven days.
- Review its use of opioids prescribed for pain relief for older people.
- Consider the mechanisms in place for identifying if equipment including mechanical ventilators, cardiac monitors and mattresses used to prevent pressure ulcers are clear to all when testing is needed.
- Ensure all staff are aware of support mechanisms such as the employee assistance programme. The RCN

Outstanding practice and areas for improvement

recommends there should be formal support mechanism available due to the challenging and highly specialised nature of the service provided, particularly with children and young people.

- Consider carrying out formal proactive audits of cleanliness and infection control in the outpatients clinics.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

How the regulation was not being met: Late start of OPD clinics. The transcribing of letters following consultation were routinely returned after 30 days. There was then a further delay for the letters to be approved before being sent out to patients and their GPs.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

How the regulation was not being met: The registered person did not always protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. There were a lack of robust governance systems in place.

Regulated activity

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

How the regulation was not being met: A significant proportion of staff reported in the staff survey that they experienced bullying and harassment for the last six years. The trust had begun to tackle the issues however it must continue to focus significantly on culture, values and behaviours of all staff.