

The Royal Orthopaedic Hospital NHS Foundation Trust

Inspection report

The Royal Orthopaedic Hospital
Bristol Road South
Northfield
Birmingham
West Midlands
B31 2AP
Tel: 0121 685 4000
www.roh.nhs.uk

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2019

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

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

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

Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

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

Background to the trust

The Royal Orthopaedic Hospital is one of the largest providers of elective orthopaedic surgery in the UK and is one of five specialist orthopaedic centres. It offers three tiers of service: routine orthopaedic operations for a local population of 4 million people in Birmingham and North Worcestershire; specialist services, such as spinal surgery; and diagnosis and treatment of malignant bone conditions.

The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and bone infections. The hospital provides a specialist bone infection service. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas.

The Royal Orthopaedic Hospital has 10 operating theatres and 106 beds across six wards, six of which are on a high dependency unit. The trust employs just over 1,000 staff, including more than 40 consultant medical staff.

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

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

What this trust does

The trust is a tertiary referral specialist orthopaedic centre, providing elective orthopaedic care to its local catchment area in South Birmingham, nationally and internationally. The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and paediatric orthopaedics. The hospital has a specialist bone infection unit. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and the bone tumour service commissioned by specialised commissioning. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas.

This trust does not provide an Accident and Emergency service.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

Summary of findings

What we inspected and why

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

Between 15 and 17 October 2019, we inspected the core services of surgery and critical care.

We carried out the well led review on 12 November 2019.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. Our findings are in the section headed 'Is this organisation well led?'

What we found

Overall trust

During our inspection, we inspected surgery and critical care. We did not inspect medical care, services for children and young people or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

- Both core services were rated as good across all domains, safe, effective, caring, responsive and well-led.

Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RRJ/reports.

Are services safe?

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

- Surgery and critical care were rated as good.

Are services effective?

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

- Surgery and critical care were rated as good.

Are services caring?

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

- Surgery and critical care were rated as good.

Are services responsive?

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

- Surgery and critical care were rated as good.

Are services well-led?

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

- Surgery and critical care were rated as good.

Summary of findings

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in surgery and critical care.

For more information, see the Outstanding practice section of this report

Areas for improvement

We found 27 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

What happens next

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

Outstanding practice

Surgery

The service's level of understanding of patients with mental health needs had improved since our last inspection. Ninety-eight mental health first aiders had been trained in September 2019 and the service planned to train 48 more. From August 2019 onwards, a programme of mental health core skills training developed with a nearby NHS trust was part of mandatory training. We observed staff showing a kind and non-judgmental attitude when discussing or caring for these patients

Staff had a good understanding of quality improvement methods. The trust had its own approach to improvement called Perfecting Pathways. Each speciality was working on a number of initiatives which would increase quality and performance. For example, the carpal tunnel service was adapting their service to reduce overnight stays, and arthroplasty were researching one day hip replacements.

The service implemented a new daily diagnostic multidisciplinary team (MDT) to review referrals from across the country, ensuring that patients were diagnosed and treated for suspected cancers as quickly as possible. This had been shortlisted for a Health Service Journal award.

Critical Care

We observed an outstanding example of a handover during this inspection. The handover was professional, thorough and robust ensuring each patient was discussed individually in detail. Staff ensured they took the time to discuss the overall health and wellbeing of each patient in their entirety, in addition to their orthopaedic treatment. The handover was inclusive of all staff present with staff of all levels able to contribute freely and suggest proposed plans and treatment.

Summary of findings

Areas for improvement

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

Action the trust **SHOULD** take to improve

Trustwide

- The trust should consider the way in which challenge is documented within minutes to be reflective of the discussions taken place.
- The trust should consider a review of the corporate risk register to include date of entry to the register, frequency of update and a review of the control measures in place.
- The trust should review the systems in place to manage staff anxieties regarding the future of the trust and potentially losing its identity as an orthopaedic specialist trust.

Surgery

- The trust should ensure all staff complete their safeguarding training. (Regulation 12.2 (c) Safe care and treatment)
- The trust should ensure that staff understand its policies on locking medical records and resuscitation trolleys. (Regulation 17.2 (d) Good governance)
- The trust should ensure staff complete patient records fully including fluid charts and malnutrition universal screening tools. (Regulation 17.2 (d) Good governance)
- The trust should ensure staff respond to patient call bells promptly. (Regulation 10.2 (b) Dignity and respect)
- The trust should ensure wards are adapted to the needs of patients living with dementia. (Regulation 9.1 (a) (b) (c) 3. (b) Person-centred care)
- The trust should ensure patients are not moved at night. (Regulation 10.2. (a) Dignity and respect)
- The trust should remind staff to record cleaning jobs done and action taken on fridge temperature variation.
- The trust should share its surgery safety thermometer performance with patients and visitors.
- The trust should provide formal training on breaking bad news.
- The trust should minimise in-clinic wait time for day surgery patients.
- The trust should continue to develop solutions to overcome its fragmented information systems
- The trust should maintain the pace of its engagement work and develop an approach to consulting spinal patients
- The trust should continue to develop its management information to monitor pre-assessment recalls, surgical site infections for spinal or other complex surgery.

Critical Care

- The service should ensure staff are up-to-date with all mandatory and safeguarding training. (Regulation 12.2 (c) Safe care and treatment).
- The service should ensure the flooring in the dirty utility can be cleaned effectively and does not present as a slip and trip hazard. (Regulation 15 (a), (c) Premises and equipment).

Summary of findings

- The service should ensure consultant reviews are appropriately recorded to show they have been conducted within 12 hours of patient admission. (Regulation 12. 2 (a) (b) Safe care and treatment).
- The service should ensure they implement local Safety Standards for Invasive Procedures (LocSSIPs) and assess the need for these against all invasive procedures carried out. (Regulation 12. 2 (a) (b) Safe care and treatment).
- The service should ensure they conduct regular simulation and emergency drills for the unit to be able to assess what went well and where improvements were needed. (Regulation 17. 2 (a) (b) Good Governance).
- The service should ensure all policies and procedures are up-to-date to accurately reflect the types of patients admitted to the unit. (Regulation 17 (1) Good Governance).
- The service should ensure the design of the unit meets the needs of patients living with dementia. (Regulation 9.1 (a) (b) (c) 3. (b) Person-centred care).
- The service should ensure all current risks for the service are recorded on the local risk register. (Regulation 17.2 (b) Good Governance).
- The service should consider displaying the results of the safety thermometer, so they are visible to patients and visitors.
- The service should consider providing access to a speech and language therapist during weekends.
- The service should consider providing formal training on breaking bad news to staff
- The service should consider clearly displaying in the unit that information and leaflets are available in other languages.

Is this organisation well-led?

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

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

- Leaders had the skills and abilities to run the trust. They understood and managed the priorities and issues the trust faced. They were visible and approachable in the trust for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated governance processes, throughout the trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Summary of findings

- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and generally identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. Although information systems were secure, they were not all integrated.
- Leaders and staff engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Challenges made and discussed within board and sub-board meetings were not always accurately reflected in minutes.
- The corporate risk register did not include date of entry to the register, frequency of update and a review of the control measures in place.
- Some staff were anxious regarding the future of the trust and potentially losing its identity as an orthopaedic specialist trust.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019

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

Ratings for The Royal Orthopaedic Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019
Critical care	Good ↑↑ Dec 2019	Good ↑ Dec 2019	Good →← Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Services for children and young people	Good Oct 2014	Outstanding Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Outpatients	Good May 2018	Not rated	Good May 2018	Good May 2018	Requires improvement May 2018	Good May 2018
Overall*	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019

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

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Key facts and figures

The Royal Orthopaedic Hospital is one of the largest providers of elective orthopaedic surgery in the UK and is one of five specialist orthopaedic centres. It offers three tiers of service: routine orthopaedic operations for a local population of 4 million people in Birmingham and North Worcestershire; specialist services, such as spinal surgery; and diagnosis and treatment of malignant bone conditions.

The trust is a tertiary referral specialist orthopaedic centre, providing elective orthopaedic care to its local catchment area in South Birmingham, nationally and internationally. The trust specialises in planned treatments of large and small joint replacement, spinal services, orthopaedic oncology and paediatric orthopaedics. The hospital has a specialist bone infection unit. The hospital is one of five centres in England for the diagnosis and treatment of malignant bone tumours and the bone tumour service commissioned by specialised commissioning. The trust is one of 12 centres in England for the treatment of soft tissue sarcomas.

The Royal Orthopaedic Hospital has 10 operating theatres and 106 beds across six wards, six of which are on a high dependency unit. The trust employs just over 1,000 staff, including more than 40 consultant medical staff.

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

The trust had 12,392 surgical admissions at the Royal Orthopaedic Hospital from March 2018 to February 2019. Emergency admissions accounted for 301 (2.4%), 6,727 (54.3%) were day case, and the remaining 5,364 (43.3%) were elective.

There were 94,143 outpatient attendances at the Royal Orthopaedic Hospital from March 2018 and February 2019.

This trust does not provide an Accident and Emergency service.

Summary of services at The Royal Orthopaedic Hospital

Good   

During our inspection, we inspected surgery and critical care. We did not inspect medical care, services for children and young people or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

Summary of findings

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

- Our rating for safe remained good overall. The service addressed the improvements we suggested in our last inspection. It had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. However, staff did not always have training in key skills including all required levels of safeguarding training.
- Our rating for effective remained good overall. Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Our rating for caring remained good overall. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Our rating for responsive remained good overall. The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. However, the environment had not been adapted to meet the needs of patients living with dementia.
- Our rating for well led remained good overall. Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually

Surgery

Good   

Key facts and figures

The Royal Orthopaedic Hospital (ROH) is one of the largest providers of elective orthopaedic surgery in the UK and is one of five specialist orthopaedic centres. It offers three tiers of service: routine orthopaedic operations for a local population of four million people in Birmingham and North Worcestershire; specialist services, such as spinal surgery; and diagnosis and treatment of malignant bone conditions.

Surgery functions are divided between two divisions of the trust – theatres are in Division one and surgery wards are in Division two. The service has 10 theatres, a day surgery area and four surgery wards with a separate unit for private patients, the Woodlands Unit.

Orthopaedic services within the trust are divided into sub specialties including: spinal, spinal deformity, foot and ankle, hands, arthroscopy, and arthroplasty.

The trust had 12,392 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 301 (2.4%), 6,727 (54.3%) were day case, and the remaining 5,364 (43.3%) were elective.

The trust closed Ward 11 inpatient paediatric services on 30 June 2019. It still offers inpatient surgery to teenagers and young adults aged 16 to 24.

Our last inspection of the trust in 2018 suggested the following improvements which were applicable to surgery:

- The trust should ensure there is robust audit process for the WHO checklist to ensure all parts of the checklist are followed as per best practice.
- The trust should ensure when learning is identified a process is in place to ensure it is embedded in all the core services.
- The trust should review their policies and procedures for caring for patients with mental ill- health including those patients detained under the Mental Health Act.
- The trust should ensure all staff have the necessary training and understanding to appropriately care for patients with mental illnesses.
- The trust should ensure all staff have appropriate access to all relevant electronic patient care systems to carry out their role effectively.
- The trust should ensure that all staff are able to access mandatory training so that trust targets for completion are achieved.

We inspected this service 15 to 17 October 2019. Our inspection included pre-op assessment, theatres, recovery area, day case surgery, wards 1, 2, 3 and 12 and the discharge lounge. We spoke with five healthcare assistants, 11 nurses of various grades, seven managers, four clinicians and 12 patients. We also observed a ward handover meeting, a safety huddle, a theatre briefing meeting and a theatre debriefing meeting, and various interactions between staff and patients.

Summary of this service

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

Surgery

- The service addressed the improvements we suggested in our last inspection. It had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information.

However:

- The trust had some gaps in level 3 safeguarding training which it was addressing.
- Not all medical records were locked away.
- We found some non-compliance with records such as a cleaning record with entries missing in one ward, and action taken over a variation in fridge temperature was also unrecorded.
- Not all resuscitation trolleys were locked. The trust took immediate action over this.
- Ward staff did not share safety thermometer information with patients and visitors.

Is the service effective?

Good  ➡ ➡

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Surgery

However:

- Fluid charts were not completed in all patient records we reviewed.

Is the service caring?

Good ● ➡ ➡

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

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

However:

- Staff did not always respond to patient call bells promptly
- There was no formal training on breaking bad news.

Is the service responsive?

Good ● ➡ ➡

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

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

However:

- Wards had not been adapted to the needs of patients living with dementia.
- Some patients had a longer than necessary in-clinic wait time in day surgery because some consultants chose to bring all patients in at the start of the day regardless of their surgery time.
- The service sometimes moved patients at night.

Surgery

Is the service well-led?

Good   

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

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

However:

- Information systems at the trust were not integrated.
- Arrangements for patient consultation were in development.
- Staff had mixed views about senior management visibility.

Outstanding practice

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

Areas for improvement

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

Critical care

Good  

Key facts and figures

The trust specialises in planned orthopaedic surgery of joint replacement, spinal and hand surgery. The trust is nationally recognised as a centre of excellence for the treatment of bone tumours and for having a specialist bone infection unit.

The high dependency unit at The Royal Orthopaedic Hospital provides care for adults with a variety of medical and surgical conditions and admit both emergency and planned admissions. The unit provides level 2 high dependency care, as defined by the Intensive Care Society document, Levels of Critical Care for Adult Patients (2009). Level 2 care is defined as patients requiring more detailed observation or intervention, including support for a single failing organ system and those stepping down from higher levels of care.

Staff in the unit provide care to male and female adult patients. The unit used to care for children but that service passed to another NHS trust in July 2019.

Staff care for patients who have had complex orthopaedic surgery. Most patients will have been identified at their pre-operative assessment appointment as needing closer post-operative nursing care in the HDU. Staff on the high dependency unit also care for patients whose condition deteriorates following their surgical procedure when they are on the surgical wards. Staff closely monitor patients on the unit until their condition has stabilised.

There were 945 patient admissions to the unit from October 2018 to September 2019 and 2,242 hours of level 2 critical care provided.

We conducted a follow up inspection of critical care on 28, 29 July and 5 August 2015. At this inspection, the service was rated as inadequate for safe, requires improvement for effective, responsive and well-led and good for caring.

We last inspected the critical care service in July 2016. This was a focussed inspection of the unit, specifically reviewing paediatric care on the unit. We did not rate this service for this inspection.

We conducted an unannounced inspection of the unit from 15 to 17 October 2019. Our inspection of the service was part of our routine activity as part of the next phase of our inspection methodology.

During this inspection, we reviewed changes the critical care service had made to address previous concerns.

A consultant intensivist (a consultant specialising in intensive care medicine) leads the critical care service. They are supported by consultants, junior doctors, nursing staff and support staff.

The unit had capacity for seven intensive care beds. Commissioners provided funding for six patients.

The unit had:

- An open bay with capacity for five beds
- Two single-bedded side rooms
- A central monitoring nurse station
- Clean and dirty utility rooms
- A kitchen to prepare patient food and drinks
- A senior sister office

Critical care

- A staff room
- A relatives' room

During the inspection, the inspection team:

- Spoke with two patients and one relative
- Spoke with 21 members of staff including nurses, pharmacists, consultants, administration staff and domestic staff
- Met with service leads for the service
- Reviewed seven patient records
- Reviewed trust policies for high dependency care
- Reviewed performance information and data about the trust

As of September 2019, the trust had six critical care beds.

The trust has a unit which is staffed 24 hours, seven days a week at 1:2 patient ratio for level 2 adult patients. The trust has advised the unit had recently been reduced from a nine bed to a six bed facility due to challenges with staffing the unit. Two of these beds were for paediatric patients.

Faculty of Intensive Care Medicine (FICM) registered consultants work within the HDU. In addition, the unit has a service level agreement (SLA) with an external trust to provide FICM intensivist consultant support one day per week.

The trust has a rapid response team providing seven day clinical support to all wards and areas, including training ward-based staff in managing deteriorating patients and supporting with acute pain issues. They also form part of the cardiac arrest team.

(Source: Provider Information Request – Acute context tab)

Summary of this service

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

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

Critical care

- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always have training in key skills.
- All staff had not completed all required levels of safeguarding training.
- Staff did not always have access to reliable information systems.

Is the service safe?

Good   

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

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

However:

- All staff had not completed mandatory training in key skills.
- All staff had not completed all levels of safeguarding training.

Critical care

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty appropriately.

However;

- Service leaders had not ensured local surgical safety checklists were in place in line with Local Safety Standards for Invasive Procedures (LocSSIPs) and assessed the need for these against all invasive procedures carried out.
- The unit did not have access to a speech and language therapist during weekends.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Critical care

- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Staff did not undertake formal training on breaking bad news.

Is the service responsive?

Good ● ↑

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

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

However:

- The unit was not designed to meet the needs of patients living with dementia.

Is the service well-led?

Good ● ↑

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Critical care

- The service collected reliable data and analysed it. Staff could find some data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data was consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- Leaders and teams had plans to cope with unexpected events.

However:

- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate some relevant risks and issues and identified actions to reduce their impact.

Outstanding practice

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

Areas for improvement

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

Our inspection team

The inspection was led by Bernadette Hanney, Head of Hospital Inspection and Zoe Robinson, Inspection Manager.

The team for the well led review and core services inspections included three inspectors, one pharmacist inspector, two assistant inspectors, an analyst, two executive reviewers and five specialist advisers.

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