

# The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

## Inspection report

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Date of inspection visit: 14 to 21 Nov, 4 to 6 Dec 2018  
Date of publication: 21/02/2019

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

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 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has approximately 199 inpatient and critical care beds across nine wards. The hospital is a single site hospital based in Oswestry, Shropshire. It provides specialist and routine orthopaedic care to its local catchment area, and specialist services both regionally and nationally.

The hospital is a specialist centre for the treatment of spinal injuries and disorders, and also provides specialist treatment for children with musculoskeletal disorders. Additionally, the trust works with partner organisations to provide specialist treatment for bone tumours and community based rheumatology services.

The trust is part of the National Orthopaedic Alliance (NOA), an acute care collaboration vanguard designed to improve orthopaedic care quality across England.

*(Source: Trust Website)*

## Overall summary

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

## What this trust does

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has approximately 199 inpatient and critical care beds across nine wards. The hospital is a single site hospital based in Oswestry, Shropshire. It provides specialist and routine orthopaedic care to its local catchment area, and specialist services both regionally and nationally.

The hospital is a specialist centre for the treatment of spinal injuries and disorders, and also provides specialist treatment for children with musculoskeletal disorders. Additionally, the trust works with partner organisations to provide specialist treatment for bone tumours and community based rheumatology services.

The trust is part of the National Orthopaedic Alliance (NOA), an acute care collaboration vanguard designed to improve orthopaedic care quality across England.

*(Source: Trust Website)*

## 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 14 and 21 November 2018, we inspected the core services of medical care, surgery, critical care, children and young people, outpatients and diagnostic imaging.

We carried out the well led review from 4 to 6 December 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well led key question at trust level. Our findings are in the section headed 'Is this organisation well led?'

## What we found

### Overall trust

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

- In two core services, caring was rated as outstanding.
- In five core services, overall, safe, effective, responsive and well led was rated as good.
- In one core service, safe, effective and well led was rated as requires improvement.

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/RL1/reports](http://www.cqc.org.uk/provider/RL1/reports).

### Are services safe?

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

- Medical care, surgery, children and young people, outpatients and diagnostic imaging were rated as good.
- Critical care was rated as requires improvement.

### Are services effective?

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

- Medical care, surgery and children and young people were rated as good.
- Critical care was rated as requires improvement.
- Outpatients and diagnostic imaging are not currently rated for the effective domain.

### Are services caring?

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

- Medical care and children and young people were rated as outstanding.
- Surgery, critical care, outpatients and diagnostic imaging were rated as good.

### Are services responsive?

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

# Summary of findings

- Medical care, surgery, critical care, children and young people, outpatients and diagnostic imaging were rated as good.

## Are services well-led?

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

- Medical care, surgery, children and young people, outpatients and diagnostic imaging were rated as good.
- Critical care was rated as requires improvement.

## 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. 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 medical care, children and young people services and diagnostic imaging.

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

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We also found 34 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.

## Action we have taken

We issued a requirement notice to the trust. Our action related to a breach of one legal requirement in critical care.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## 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

- Staff exceeded the expectations of patients and family members in their passion for patient care. They were committed to patients' progress, and were motivated and inspired to provide kind and dignified care that supported patient needs on every level.
- Staff worked in a creative and innovative manner to provide exceptional, strong and caring emotional support that exceeded patients' expectations to minimise their distress.
- Staff consistently involved and empowered patients and those close to them as active partners in their care and treatment.

# Summary of findings

- A specialist bed with very specific pressure relieving qualities had been hired by the trust to meet the pressure care needs of a patient on the unit. This had significantly contributed to the healing of this wound.
- The Sustaining Quality Through Assessment and Review (STAR) assessment was a trust wide uniform approach in monitoring quality standards of patient care within the clinical environment. The framework for the assessment was based on CQC's key lines of enquiries. The aim of the assessment was for departments to sustain and continually improve their STAR status with the ultimate goal of achieving and maintaining a five-star status. At the time of our inspection Sheldon ward, Powys ward and Ludlow ward had a five-star status, Gladstone had a four-star status and Wrekin had a three-star status.
- Services were actively engaged in a number of research projects with other agencies and partners to help to shape and improve future care.
- Divisional staff were actively supported by the trust to be involved in national projects to improve patient care. For example, an orthotist who worked at trust had been supported to complete a two-year project to help create guidelines to help standardise clinical practice nationally for spinal bracing in spinal injury.
- In addition to formal research, staff at all levels were encouraged to think creatively and innovatively to improve patient care. On Sheldon ward we saw that the activities coordinator had introduced lunch groups and afternoon teas to help improve patients' nutritional intake and on the spinal wards we saw a rehabilitation technician had designed drawer dividers for patient lockers to help patient and staff see and reach personal items.
- Ward managers enabled staff to understand and learn from incidents by completing learning triangles.
- Newly qualified nursing staff completed a six-week supernumerary induction on the spinal wards. This enabled them to acquire the skills needed to provide specialist care before they were put on the staff rota.
- The children and young people service had an open and positive culture that placed people at the heart of everything they did. Staff had a shared ethos of caring and respect.
- The children and young people service had a dedicated librarian from the trust's library. We were told how the librarian would visit the ward to talk to staff about any areas for practice development or conditions they wished for further information on.
- Innovative technology was being used to support patient outcomes in children and young people services.
- Departments were actively engaged in research to improve patients experience and outcomes.
- The children and young people service employed a school teacher. The teacher helped children to complete set school work or to do work on relevant topics to help children to keep on top of school work and to provide structure to their inpatient stay.
- Trainee Associated Practitioner posts were offered to health care assistants who wanted to progress to the radiographer role. Completion of this course offered staff the opportunity to further progress onto diagnostic radiographer degree.
- Staff had techniques that reduced the anxiety that comes with feelings of claustrophobia. The division had undertaken much work to improve the experience for patients undergoing an MRI scan. For example, prism glasses were offered to patients enabling them to see outside of the scanner during scans and the medical illustrations team produced posters and positioned them to reduce the sensation of claustrophobia when in the scanner.

# Summary of findings

## Areas for improvement

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to one core service: critical care.

#### In critical care:

- Ensure there are effective systems to assess, monitor and review the performance of the unit so the safety and quality of care provided can be improved.

### Action the trust **SHOULD** take to improve

We told the trust it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

#### For the overall trust:

- Ensure there is a robust plan of action to ensure zero tolerance of bullying and harassment is strengthened.
- Ensure low training compliance rates are monitored.
- Consider the frequency to renew Disclosure and Barring Service (DBS) checks for executive and non-executive directors.
- Consider updating the Board Governance Framework to ensure it is reflective of amendments, including committee reports.

#### In medical care:

- Ensure all staff consistently complete mandatory training in a timely manner.

#### In surgery:

- Ensure contingencies are reviewed in the event of multiple emergencies occurring simultaneously, which require staff to travel with a patient to another hospital, to provide adequate senior cover.
- Review action plans for ensuring staff have completed mandatory training modules to meet the trust target of 92%. This should include safeguarding, mental capacity and DoLS training.
- Ensure that all policy and standard operating procedure documents are reviewed and updated appropriately.

#### In critical care:

- Ensure mandatory training compliance levels for nursing and medical staff are improved to comply with trust targets.
- Ensure all appropriate staff have received training in identification and treatment of patients with sepsis.
- Ensure all areas of non-compliance with the Department of Health guidelines for critical care facilities (Health Building Note 04-02) are identified and included on the local risk register.
- Ensure all relevant patients are screened for MRSA.
- Ensure there are formal practices and procedures to ensure medical staffing cover on the high dependency unit is safe.
- Ensure all handover and ward round arrangements were formalised and consistent.

# Summary of findings

- Ensure arrangements for reviewing the high dependency unit's performance in relation to medicines management was consistent and all staff were aware monitoring takes place.
- Ensure the cover provided by the outreach team is safe and compliant with standard so far in that it is appropriate.
- Ensure appropriate audits are carried out and used to improve the performance of the unit and outcomes for patients.
- Ensure all relevant policies are up to date.
- Ensure that compliance with Mental Capacity Act and Deprivation of Liberty training complies with trust targets and evidence capacity assessments are carried out for all relevant patients.
- Ensure all relevant risk registers include all risks identified by the unit and actions reviewed at all appropriate governance meetings.
- Ensure there is assurance the leadership of the high dependency unit is effective.

## **In children and young people:**

- Ensure robust arrangements are in place for consultant paediatrician cover both in and out of hours.
- Ensure all ligature points including those in accessible staff areas are thoroughly risk assessed and mitigated.
- Consider the availability of written information being available or accessible in other languages than English.

## **In outpatients:**

- Ensure overbooked clinics are reported as an 'incident' so this can be scrutinised through the governance systems.
- Identify ways of recording and collecting the reasons for clinic cancellations so they can be analysed.
- Consider the staff interface with the main outpatient area environment, with a view to achieving a more efficient and comfortable experience for staff and patients.
- Be clear about anticipated timeframes for achieving the remaining measures identified for controlling the risks associated with overcrowding in the main outpatient area.
- Ensure information for patient's in an 'easy read' format to support informed consent is available.
- Ensure there is a system in place to assure itself outpatient nurse leaders are able to have regular representation at divisional governance and interdepartmental senior nurse meetings.

## **In diagnostic imaging:**

- Ensure all staff are up to date with safeguarding training.
- Consider providing electronic displays to keep patients informed of waiting times.
- Consider addressing the issues of Mondays and Tuesdays being busier and the risks to patient safety.
- Ensure radiation signs are up in theatre to alert people that radiation was in use for interventional procedures.

# Summary of findings

## Is this organisation well-led?

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

We rated well led at the trust as good. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Use of resources

Not applicable



## 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 ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Robert Jones and Agnes Hunt Hospital	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
<b>Overall trust</b>	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

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

## Ratings for The Robert Jones and Agnes Hunt Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Surgery	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Critical care	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Requires improvement ↓ Feb 2019	Requires improvement ↔ Feb 2019
Services for children and young people	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Outpatients	Good Feb 2019	N/A	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Diagnostic imaging	Good Feb 2019		Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
<b>Overall*</b>	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 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.

# The Robert Jones and Agnes Hunt Hospital

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## Key facts and figures

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is a specialist orthopaedic centre. It provides specialist and routine orthopaedic care to its local catchment area, and specialist services both regionally and nationally.

The organisation is a single site hospital based in Oswestry, Shropshire, close to the border with Wales. As such, the trust serves the people of both England and Wales, as well as acting as a national healthcare provider. It also hosts some local services which support the communities in and around Oswestry.

The hospital is a specialist centre for the treatment of spinal injuries and disorders, and also provides specialist treatment for children with musculoskeletal disorders. Additionally, the trust works with partner organisations to provide specialist treatment for bone tumours and community based rheumatology services.

The trust is part of the National Orthopaedic Alliance (NOA), an acute care collaboration vanguard designed to improve orthopaedic care quality across England.

(Source: Trust Website)

## Summary of services at The Robert Jones & Agnes Hunt Hospital

**Good**  

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

- Our rating of safe was overall. Services managed patient safety incidents well. Services had sufficient numbers of permanent staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse. Services controlled infection risk well.
- Our rating of effective was good overall. Services monitored the effectiveness of care and treatment and used the findings to improve them. Staff were competent to carry out their role. Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.

# Summary of findings

- Our rating of caring was outstanding overall. Staff exceeded the expectations of patients and family members in their passion for patient care. Staff worked in a creative and innovative manner to provide exceptional, strong and caring emotional support that exceeded patients' expectations to minimise their distress. Staff consistently involved and empowered patients and those close to them as active partners in their care and treatment.
- Our rating of responsive was good overall. Services took account of patients' individual needs and planned and provided services in a way that met the needs of local people and the specialist needs of people within the region who were living with spinal injuries.
- Our rating of well-led was good overall. Managers at all levels in the trust had the right skills and abilities to run a service providing high quality sustainable care. There was a vision in place for what the trust wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical service at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is comprised of three inpatient wards:

- Sheldon ward – care of the elderly, 24 beds
- Gladstone ward - MCSI Rehab ward, 29 beds
- Wrekin ward – MCSI ward, 15 beds

Gladstone and Wrekin wards form the Midland Centre for Spinal Injuries (MCSI), which is one of 11 centres in the UK designated to receive and treat spinal cord injured patients.

During this inspection, we visited all three medical inpatient wards to identify how care and treatment was provided and we looked at how inpatient therapies were delivered across these wards. We also visited the orthotics department and mortuary as part of this inspection.

We spoke with 16 patients and four relatives about their care experiences. We also spoke with 49 members of staff about the delivery of patient care and the management of the medical division. These 49 staff members consisted of; 19 allied health care professionals (occupational therapists, orthotists and physiotherapists), eight nurses, six health care support workers, three medical consultants, two ward managers, the deputy director of nursing, a matron, a service manager, a psychologist, a generic worker, a pharmacy technician, an activity coordinator, a domestic, a ward clerk, a member of staff from hydrotherapy and a volunteer.

We also reviewed 24 sets of patient records to check they were accurate and up to date and we observed part of a multi-disciplinary serious incident review meeting.

The Care Quality Commission last inspected the service in October 2015 and rated medicine as requires improvement overall with safe, responsive and well led rated as requires improvement and effective and caring rated as good.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- An effective early warning system was in place to identify deteriorating patients and appropriate action was taken in response to this.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Medical care (including older people's care)

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Arrangements were in place to ensure patients could access medical support seven days a week. The service was in the process of reviewing the provision of seven-day therapy to the medical wards.
- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff consistently exceeded the expectations of patients and family members in their passion for patient care. They were committed to patients' progress, and were motivated and inspired to provide kind and dignified care that supported patient needs on every level.
- Staff on all the medical wards consistently focused not only on patients' physical health and comfort, but also their emotional wellbeing. Sometimes, staff used their own time to facilitate trips to events off site to ensure patients emotional wellbeing needs were met.
- Staff worked in a creative and innovative manner to provide exceptional, strong and caring emotional support that exceeded patients' expectations to minimise their distress.

# Medical care (including older people's care)

- Staff consistently involved and empowered patients and those close to them as active partners in their care and treatment.
- The service planned and provided services in a way that met the needs of local people and the specialist needs of people within the region who were living with spinal injuries.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service provided mandatory training in key skills to all staff. However, staff did not always complete mandatory training in a timely manner.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with the English average. However, the service was working proactively towards addressing these delays.

## Is the service safe?

**Good**  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.

# Medical care (including older people's care)

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- An effective early warning system was in place to identify deteriorating patients and appropriate action was taken in response to this.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- The service provided mandatory training in key skills to all staff. However, staff did not always complete mandatory training in a timely manner.

## 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 of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Arrangements were in place to ensure patients could access medical support seven days a week. The service was in the process of reviewing the provision of seven-day therapy to the medical wards.



# Medical care (including older people's care)

- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Not all staff completed their Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training in a timely manner.

## Is the service caring?

**Outstanding**  

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

- Staff consistently exceeded the expectations of patients and family members in their passion for patient care. They were committed to patients' progress, and were motivated and inspired to provide kind and dignified care that supported patient needs on every level.
- Staff on all the medical wards consistently focused not only on patients' physical health and comfort, but also their emotional wellbeing. Sometimes, staff used their own time to facilitate trips to events off site to ensure patients emotional wellbeing needs were met.
- Staff recognised the need for patients to receive support from their peers to help them adjust and accept their injuries.
- Staff worked in a creative and innovative manner to provide exceptional, strong and caring emotional support that exceeded patients' expectations to minimise their distress.
- Staff consistently involved and empowered patients and those close to them as active partners in their care and treatment.

## Is the service responsive?

**Good**  

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

- The service planned and provided services in a way that met the needs of local people and the specialist needs of people within the region who were living with spinal injuries.
- The service took account of patients' individual needs. Patients with additional needs were well supported. For example, the Butterfly scheme was used for people living with dementia.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

# Medical care (including older people's care)

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with the English average. However, the service was working proactively towards addressing these delays.

## Is the service well-led?

Good  

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## 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.

# Surgery

Good   

## Key facts and figures

The surgical services at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is comprised of five inpatient wards:

- Kenyon ward – 10 beds
- Powys ward – 28 beds
- Clwyd ward – 28 beds
- Ludlow ward – 16 beds (private patients)
- Oswald ward - oncology ward, 10 beds en-suite.

The trust's theatre suite comprises of 12 operating theatres, including two day-surgery theatres located in the Menzies unit.

Between July 2017 and June 2018, the trust had a total of 12,462 surgical admissions, of these, 180 were emergency surgical admissions, 6,458 were elective surgery and 5,824 day surgery admissions.

During the inspection we visited all five wards, the surgical admissions and day case unit, the operating theatres and the recovery unit.

We spoke with 27 patients and visitors and 33 members of staff. These included senior managers, all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, anaesthetists, and other grades of doctors.

We previously rated this service as good overall.

We rated safe as requires improvement, effective as good, caring as good, responsive as good and well led as good.

## Summary of this service

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

- There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients told us they felt involved in their own care and treatment as staff took time to explain what was happening and why.
- We saw examples where staff had gone above and beyond what was expected to support patients.
- The trust planned and provided services in a way that met the needs of local people.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers and senior leaders had the right skills to perform their roles effectively.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- There was evidence of improved culture across the service and there was strong leadership.
- Staff told us they felt supported, respected, valued and were proud to work at the trust.
- The trust had developed a quality improvement process to monitor care standards and identify improvements. The Sustaining Quality Through Assessment and Review (STAR) assessment is a trust wide approach in monitoring quality standards of patient care within the clinical environment.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

However:

- In some cases, the mandatory training compliance was below the trust target of 92%.
- Although there was a review underway, we found that several trust policies required reviewing and were therefore out of date at the time of inspection.
- Mostly we found staffing levels were good and any risk was managed well, however, we saw a potential risk for senior cover at night, should there be more than one emergency that occurred at the same time.

## Is the service safe?

**Good**  

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

- There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. We observed the wards, reception areas, and treatment areas to be visibly clean during our inspection.
- The service had suitable premises and equipment and maintained them.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff that were required to be level three safeguarding trained, were trained at the time of inspection.
- Staff used nationally recognised tools to assess patient's risk of developing, pressure ulcers, infections and identified nutritional risks and risks of falls. There was a hospital-wide standardised approach to detecting deteriorating patients.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Although there were some vacancies, the service maintained safe levels of staff by using bank and agency.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. Patients' individual written care records were managed, legible, and stored correctly according to best practice.

# Surgery

- The service followed best practice when prescribing, giving, recording, and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- The service provided mandatory training in key skills to all staff. However, the trust's training compliance targets were not always met.

## Is the service effective?

Good   

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

- 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 adjusted for patients' religious, cultural, and other preferences.
- Patients' pain was effectively assessed and managed, and surgical services had access to a pain team for advice and support with patients in pain.
- Managers monitored the effectiveness of care and treatment and outcomes were mainly good, with the trust performing better than or similar to national average, for most indicators.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service ensured staff had the right qualifications to deliver effective care, support and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- We found some policies had not been reviewed in an appropriate time and therefore were out of date.

## Is the service caring?

Good   

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

- Staff provided emotional support to patients to minimise their distress. Patients told us they felt involved in their own care and treatment as staff took time to explain what was happening and why.
- We saw examples where staff had gone above and beyond what was expected to support patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff talking to patients in a compassionate manner, before going to theatre and they were reassured by staff.

# Surgery

- Staff at all levels, involved patients and those close to them in decisions about their care and treatment. Patients and relatives told us they were involved in the review of their care and that staff would listen to them.

## Is the service responsive?

**Good** ● → ←

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

- Patients could access the service when they needed it. Times from referral to treatment and arrangements to admit, treat and discharge were in line with best practice.
- The service planned and provided services in a way that met the needs of local people. We saw examples where the trust had considered not only the needs of local people but provided services for patients in Wales and from across the country.
- We saw that reception staff at the admission and day unit would manage the waiting area and supervise any patients waiting to be seen. At peak times the area could be full and staff from reception would walk around and talk to patients to support them whilst waiting.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- We saw that staff surveys had taken place and results and comments were displayed. The range of comments had been reviewed and an action plan created to address the points raised by staff.

## Is the service well-led?

**Good** ● → ←

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

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.
- The service promoted research and was described as being a national hub for research.
- The service used a systematic approach to continually improve the quality of its services. There were structures, processes and systems of accountability to support the delivery of good quality and sustainable services. However, we found that some areas required improvement to ensure that processes were managed well.
- The service had introduced new managers following the opening of the upgraded theatres and wards, in 2016. Managers and senior leaders had the right skills to perform their roles effectively.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed in line with trust vision, with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they felt supported, respected, valued and were proud to work at the trust. We were told local leaders supported them in carrying out the best possible patient care and treatment.
- Almost all staff told us that they felt respected and valued by their colleagues and the leadership team within the trust. There was a strong sense of teamwork, which encouraged candour, openness, and honesty.

# Surgery

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had a wide range of information available to enable managers to assess and understand performance in relation to quality, safety and patient experience.
- The service engaged well with patients, staff, public and local organisations to plan and manage services. The leadership team engaged with staff and aimed to ensure that their voices were heard and acted on to shape services and culture. We saw that a staff survey had been completed for all theatre staff and results published on noticeboards.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There was evidence of improved culture across the service and there was strong leadership. The divisional leaders and ward managers acted to make improvements in the running of the surgery services.
- An initiative, described as “patient stories”, had been introduced by a senior leader, where staff could visit patients following their procedure, to enable the patient to communicate with a member of staff that they would not usually see.
- The trust had developed a quality improvement process to monitor care standards and identify improvements. The Sustaining Quality Through Assessment and Review (STAR) assessment is a trust wide approach in monitoring quality standards of patient care within the clinical environment, and offers managers and their staff a structure of expectations for their wards and department.

However:

- There were structures, processes and systems of accountability to support the delivery of good quality and sustainable services. However, we found that some areas required improvement to ensure that processes were managed well.
- Risks were owned by senior staff and those we reviewed were managed effectively. However, a potential risk had been identified, where the on-call consultant anaesthetist may have to support the transfer of a patient to another hospital, in an emergency. Although this risk was deemed low, we were not assured that if a simultaneous emergency occurred, how the service would follow the procedure set out in the policy.

## Areas for improvement

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

# Critical care

Requires improvement   

## Key facts and figures

We inspected the high dependency service as part of the new phase of our inspection methodology. Our inspection of the service was announced and was part of our routine activity.

The high dependency unit at The Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Trust provides a service to patients who need high dependency care (described as level two). Care is provided to patients who have undergone extensive or complicated orthopaedic surgery, or who have been identified at their pre-operative assessment clinic who may require closer post-operative nursing care. The high dependency unit also provides care to patients who are being nursed on the general wards and whose condition is deteriorating clinically or are causing concern. Patients are also admitted in the event of surgical emergencies.

An outreach service is provided within the trust, which operates between 7.30pm and 8am during weekdays and 24 hours a day over the weekend. The team follows up all patients upon discharge from the high dependency unit to one of the wards, during service hours, to ensure good clinical progress continues. The also attend to deteriorating patients on the general and surgical wards. The outreach role is a dual one as they also provide nursing cover to the whole hospital at night.

The unit is an anaesthetic led, seven-bedded purpose-built facility, which comprises of five individual bed space areas and two isolation rooms. Although, there are seven bed spaces, only six are utilised. The nurses' station, located in the middle of the five bed spaces, provides good visibility of admitted patients.

There had been 902 admissions to the high dependency unit between April 2017 and June 2018, of which 112 were non-surgical admissions.

During the inspection visit, the inspection team:

- Spoke with one patient;
- Observed staff giving care to three patients;
- Reviewed seven patient records;
- Reviewed trust policies;
- Reviewed performance information and data about the trust;
- Obtained patient feedback;
- Spoke with 13 members of staff at different grades from band two to band eight including nurses, physiotherapists, pharmacists, doctors, consultants, dietician, administration and housekeeping;
- Met with a governance lead, divisional lead and a clinical director.

The Care Quality Commission last inspected the service in October 2015 and rated critical care as requires improvement overall with safe, effective and responsive rated as requires improvement with caring and well led rated as good. The critical care service was issued with one requirement notice and two recommendations for service improvement in the safe, effective and responsive domains. During our inspection, we looked at the changes the high dependency unit had made to address these concerns.



# Critical care

## Summary of this service

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

- Mandatory training compliance rates among nursing and medical staff were below the trust target, which included compliance with sepsis training.
- The outreach team only provided limited cover at times as a result of responding to pressures hospital wide.
- All arrangements relating to medical staffing were not formalised which meant it was unclear if patients always received safe care and treatment.
- Handover, shift change and ward round arrangements between duty consultant anaesthetists were not in line with recommendations and standards.
- There was limited assurance relating to medicine management practices.
- Existing trust policies, procedures and protocols were not always up to date.
- Awareness of all necessary policies, procedures and protocols was not always possessed by all members of staff.
- Although there was participation in quality improvement initiatives, it was limited and only implemented recently.
- Limited information on outcome measures was being monitored, recorded or assessed.
- There was limited participation in clinical audit however, the service has been involved in the self-assessment for the West Midlands Critical Care Network.
- The high dependency unit was not currently benchmarking themselves against similar units apart from using ICNARC data.
- Although appraisals took place within the unit, not everyone had received one which meant there were gaps in the arrangements for supporting and managing staff to deliver effective care and treatment. There was no clinical nurse educator, monthly one to ones and clinical supervision did not take place so it was unclear whether there were effective processes for identifying the learning needs of all staff.
- Not all services on the high dependency unit were available seven days a week.
- The systems for evidencing all staff complied with the Mental Capacity Act were ineffective.
- People were always discharged to the most appropriate place but not always at the right time.
- There was limited specialist critical care knowledge among the leadership team.
- Action being taken to address the challenges faced by the high dependency unit was limited.
- Ensuring sustainable and effective leadership within the high dependency unit for all elements of the service was not a priority.
- There was no clear plan on how the vision for the high dependency unit was going to be achieved.
- Governance arrangements did not function effectively or interact with each other appropriately. All appropriate information did not appear to be shared, discussed and reviewed by all appropriate persons.
- Specific governance arrangements with the high dependency unit were lacking.
- There were ineffective assurance systems and processes for ensuring performance issues were escalated appropriately.

# Critical care

- There was a lack of assurance all risks associated with the high dependency unit had been identified, recorded and mitigated. Most risks had been identified but action to mitigate them was limited.
- Service performance measures were being reported but there was no evidence they were being effectively monitored or used to improve practice.

However;

- Training and regular updates in the systems and processes which helped to keep people safe were available to staff.
- Safeguarding systems, processes and practices were effective and staff demonstrating good understanding of their responsibilities.
- Cleanliness and hygiene were well maintained and there were reliable systems to prevent and protect people from healthcare-associated infections.
- Premises and facilities were designed and used to keep people safe.
- Appropriate risk assessments were carried out for patients.
- Nursing staffing arrangements ensured people received safe care and treatment. For example, nursing to patient ratios were compliant with standards.
- Patients' individual care records were written and managed in a way that kept them safe.
- Medicines management kept people safe but pharmacy support was not in line with best practice.
- Care and treatment provided by the service was delivered in line with legislation, standards and evidence based guidance and patients had timely access to initial assessment, test results, diagnosis and treatment.
- The needs of patients were assessed, monitored and met, which included patients' nutrition, hydration and pain.
- Some information was collected and monitored in relation to patient outcomes. The data showed the intended outcomes for patients were being achieved.
- Nursing staff had the right qualifications to deliver effective care, support and treatment.
- In general, there was good multidisciplinary working as different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients' personal, cultural, social and religious needs were understood by staff and were taken into account when care was delivered.
- Staff were respectful and considerate.
- Patient satisfaction within the high dependency unit was excellent.
- Staff always made patients aware of who they were and why they were visiting them.
- Confidentiality was respected when conversations about patient care took place.
- Patients were able to understand their care, treatment and condition as conversations with clinical staff were clear and uncomplicated.
- Patients' relatives, loved ones and carers were kept informed of what was happening. They were always identified, welcomed and treated as important partners in the delivery of their care.
- The service provided reflected the needs of the population served and were designed and planned to meet patients' needs.

# Critical care

- Facilities and premises were appropriate for the services delivered. Translation services were available to patients whose first language was not English.
- Services were delivered to ensure they were accessible and responsive to patients with complex needs.
- Patient dignity and respect were protected.
- Pathways into the high dependency unit were effective and action was taken to minimise the length of time people had to wait for care, treatment and advice.
- There were minimal delayed discharges from the unit and patients were usually discharged in accordance with national standards.
- Complaints were handled effectively and confidentially, with complainants provided with regular updates.
- Staff felt local leaders were visible, supportive and approachable.
- The trust had a clear set of values, with quality and sustainability as the top priorities.
- Staff felt supported, respected, valued and proud to work in the high dependency unit.
- Patients were given the opportunity to provide feedback about their care.
- Staff appeared to be actively engaged.

## Is the service safe?

**Requires improvement**   

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

- Nursing and medical staffing mandatory training compliance rates were below the trust target. For example; staff within the high dependency unit had not all received sepsis training.
- There was limited cover provided by the outreach team at times as a result of responding to hospital wide pressures.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. For example; there were no intensivists employed by the service.
- The impact on safety in relation to staffing was not always assessed or monitored when carrying out changes to the service or staff.
- Handover arrangements and shift changes between duty consultant anaesthetists were not in line with recommendations.
- Arrangements for ward rounds were not in line with the required standards.
- Allied health professional staffing was not in line with national standards.
- The trust did not have assurance the medicine management practices on the high dependency unit were safe until highlighted during our inspection.

However;

- The service provided mandatory training in key skills.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Critical care

- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Nursing and consultant to patient ratios were compliant with standards.
- Staff kept detailed records of patient care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.

## Is the service effective?

**Requires improvement**   

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

- Not all appropriate managers were monitoring the effectiveness of care and treatment and the findings were not being used to improve practice.
- Staff had access to all existing trust policies, procedures and protocols but they were not always up to date. All staff were not aware of all necessary policies, procedures and protocols.
- The high dependency unit's participation in quality improvement initiatives was minimal and until recently there had been limited involvement in benchmarking, accreditation schemes or peer review.
- Minimal outcome measures were being monitored, recorded or assessed to see if patients were achieving positive outcomes following discharge from the high dependency unit.
- The high dependency unit did not participate in a comprehensive programme of clinical audit.
- There was limited opportunity to identify the learning needs of all staff.
- There were gaps in the arrangements for supporting and managing staff to deliver effective care and treatment.
- There were some services on the high dependency unit which were not available seven days a week.
- Mental capacity assessments were not always completed when patients were admitted to the high dependency unit. Compliance with Mental Capacity Act and Deprivation of Liberty training was below the required trust target.

However;

- The service provided care and treatment based on national guidance.
- Patients' physical, mental health and social needs of patients were assessed.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Data collected showed the intended outcomes for people were being achieved.
- Most staff of different kinds worked together as a team to benefit patients.

# Critical care

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good  ↑

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs.
- Facilities and premises were appropriate for the services delivered.
- Translation services were available to patients whose first language was not English.
- Services within the high dependency unit were coordinated and delivered to ensure they were accessible and responsive to patients with complex needs.
- Although the high dependency unit was not able to accommodate patients in single sex areas the facilities were designed to ensure patient dignity and respect were protected.
- People could access the service when they needed it.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Action was taken to minimise the length of time people had to wait for care, treatment and advice.
- There were minimal delayed discharges from the unit.
- Patients were usually discharged from the high dependency unit in accordance with national standards.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However;

- Discharges from the high dependency unit usually took place at appropriate times.
- People were always discharged to the most appropriate place but not always at the right time.
- Lessons were learnt from complaints and actions were identified but it was unclear whether they were shared.

# Critical care

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Managers at all levels did not have the right skills and abilities to run a service providing high-quality sustainable care.
- The challenges to quality and sustainability were understood by leaders but it was not clear whether action was being taken to address them.
- There did not appear to be clear priorities for ensuring sustainable and effective leadership within the high dependency unit for all elements of the service.
- The high dependency unit had a vision for what it wanted to achieve but did not have workable plans to turn into action developed with involvement from staff, patients, and key groups representing the local community.
- There was no systematic approach to continually improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- All levels of governance did not function effectively or interact with each other appropriately.
- The governance processes within the high dependency unit did not ensure all appropriate information was discussed and reviewed.
- There were no specific governance arrangements for the high dependency unit.
- All staff were not aware of their roles or understood what they were accountable for.
- The assurance systems within the high dependency unit did not ensure performance issues were escalated appropriately through effective structures and processes.
- The trust had a system for identifying risks, planning to eliminate or reduce them but there was a lack of assurance all risks associated with the high dependency unit had been recorded and mitigated. Risks were identified but action to mitigate them was limited.
- There were service performance measures which were reported but it was unclear whether they were being effectively monitored or used to improve practice.
- The arrangements for ensuring the confidentiality of identifiable data were not always in line with data security standards.

However;

- Local nursing leaders were visible, supportive and approachable.
- The trust had a clear set of values, with quality and sustainability as the top priorities.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values
- The service engaged well with patients to plan and manage appropriate services.
- Staff appeared to be actively engaged.
- Systems to support improvement work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work had been recently implemented.

# Critical care

## Areas for improvement

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

# Services for children and young people

Good  

## Key facts and figures

The children's unit at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is led by paediatric orthopaedic consultants, and provides specialist advice, diagnosis and treatment for children aged 0 – 18 years. The team also treats young adults with ongoing problems related to childhood conditions.

Treatment is offered for the whole spectrum of bone, joint and muscular disorders during childhood, including treatment of: spinal deformity, cerebral palsy, myelomeningocele, muscular dystrophy, congenital hip dislocation, developmental dysplasia of the hip, club foot, leg length discrepancy, rheumatology, limb deficiency and prosthetics, skeletal dysplasia, foot problems and sports injuries.

The nursing team includes specialist paediatric orthopaedic nurses who provide dedicated care for the duration of a child's visit to the hospital.

We inspected services for Children and Young People in November 2018, as a part of our routine inspection process. The inspection was announced (staff knew we were coming).

Before the inspection we reviewed information we held about the department from patients, national audits and through discussions with stakeholders.

During the inspection we visited the children's ward, children's outpatient department and theatres.

During the inspection visit, the inspection team:

- reviewed six sets of patient notes
- spoke with two patients and five parents
- spoke with nine members of staff of all levels
- Observed two hand-over meetings.
- Observed care being given to patients.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.



# Services for children and young people

- Staff always cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Out of hours paediatric consultant support was only available via telephone.
- A ligature point risk assessment had been carried out however not all risks had been mitigated. We highlighted further risks during the inspection which the service took immediate action to mitigate.
- Limited printed information was available in other languages.

## 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 and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed risk assessments for each patient. Risk at service level was monitored and acted upon.
- The service followed best practice when prescribing, giving, recording and storing medicines.

However:

- A ligature point risk assessment had been carried out however not all risks had been mitigated. We highlighted further risks during the inspection which the service took immediate action to mitigate.
- Out of hours paediatric consultant support was only available by telephone.

## 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 of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain.

# Services for children and young people

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Outstanding**  

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

- Staff always cared for patients with compassion and empowered them to be partners in their care. Feedback from patients was overwhelmingly positive. The service showed creativity in collecting feedback from children.
- Staff truly respected and valued the patients in their care. Patients and those close to them were empowered to be partners in their care. Staff interacted with patients and those close to them in a calm, respectful and considerate way.
- The service had an open and positive culture that placed people at the heart of everything they did.
- Patients and parents could access support outside of their appointments.
- Staff provided emotional support to patients to minimise their distress, often going to the extra mile to achieve this. Children's emotional needs were as important as their physical needs.
- The service had developed links with other local care providers to provide joined up care.
- Staff encouraged patients and those close to them to be partners in their care and involved them decisions about their care and treatment. Children were encouraged to say what was important to them. Staff communicated appropriately with children. We observed staff talking to children on their level and encouraging them to ask questions and talk about their treatment.
- All managers and staff felt that they and their colleagues went the extra mile to support patients and their families and provided care that exceeded expectations.

## Is the service responsive?

**Good**   

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service took account of patients' individual needs. Transitioning to adult healthcare information was available.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Limited printed information was available in other languages.

# Services for children and young people

## Is the service well-led?

**Good** ● ↑

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

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. The service vision and strategy was under development.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose.
- The service used a systematic approach to continually improve the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service effectively managed data and information and used it to inform their risk and improvement plans.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## 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.

# Outpatients

Good 

## Key facts and figures

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA) outpatients' department is open Monday to Friday and provided 33 treatment/examination rooms located over the general outpatient area on the ground floor of the hospital. Outpatient clinics currently operate six days per week and radiology operate seven days per week in terms of supporting outpatient services. The outpatient department opening hours are:

Monday to Thursday 8.45 - 5.00 and

Friday 8.45 - 3.45, excluding public holidays.

Clinics also run on some weekday evenings and on some Saturdays

Consulting rooms are used by a variety of healthcare professionals depending on which clinics ran each day. Shropshire Orthopaedic Outreach Service (SOOS) had consulting rooms; the Orthotic Research and Locomotor Assessment Unit (ORLAU) had a small number of specialist assessment suites and therapies used two gymnasiums and side rooms.

SOOS offers specialist multidisciplinary team assessment and management to patients with musculoskeletal health problems who do not require hospital treatment. Patients would be seen by a GP with Special Interest in musculoskeletal medicine and physiotherapists or podiatrists who has additional expertise to enable them to assess, diagnose and manage appropriate patients with musculoskeletal problems, reducing the need for a referral into hospital.

The ORLAU provides assessments of mobility impairment and developed engineering solutions for disabled patients.

Specialty outpatient clinics are also provided at The Montgomery Unit associated with Oswald Ward for bone cancer and tumour; The Midland Centre for Spinal Injuries (MCSI) outpatients associated with the Wrekin and Gladstone wards.

We visited the hospital on the 14, 15 and 16 November 2018 and our inspection was announced. We spoke with the outpatient nurse manager and matron with oversight of outpatient services. We also spoke with five consultants, the Clinical Lead, 10 healthcare assistants, three nurses, the infection control lead nurse, four booking clerks, admin support staff, five medical secretaries and the head of patient access within a focus group meeting; a Team Leader (patient access) for outpatients. We spoke with staff in the patient reported outcomes (PROMS) and outcomes team.

During the visit we spoke with 15 patients. We reviewed a range of patient records, trust policies and documents. We also reviewed information and data from a number of sources before and after the inspection.

In our last published inspection of the trust outpatient services was not inspected in its own right but as part of 'outpatients and diagnostics'. Outpatients and diagnostics was rated Requires Improvement at that time.

For this November 2018 inspection outpatient services was inspected and reported in its own right. We inspected the main outpatient and outpatient services associated with Oswald Ward and Wrekin and Gladstone wards.

An outpatient appointment can either be categorised as a new visit, which refers to the first time that a patient has been seen, or a follow-up visit, which refers to any subsequent appointments

The trust had 173,837 first and follow up outpatient appointments from July 2017 to June 2018. This is towards the lower end compared to other trusts.

# Outpatients

The trust had 226,192 outpatient attendances from June 2017 to May 2018. This was a slight reduction in attendances (1%) from the previous year.

## Summary of this service

We previously inspected outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- People were protected from avoidable harm and abuse. The service met legal requirements.
- People were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met through the way services were organised and delivered.
- The leadership, governance and culture promoted the delivery of high quality person centred care.

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff. The trust set completion targets in line with other trusts nationally and nursing staff generally met these.
- 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 kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service assessed risks to patients and monitored and managed their safety. Risks to patients were assessed, monitored and managed on a day-to-day basis.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed and stored medicines well
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff. The service used information to improve the service.

# Outpatients

- The service planned for emergencies and staff understood their roles if one should happen. Outpatient services had a clear directive and support structure in place.

However:

- Medical staff, especially those providing outpatient services from the surgery division were not all completing mandatory training. The trust had a plan in place to address this.
- Despite attention and investment by the trust the size of the main outpatient area remained a challenge for managers and staff.
- The main outpatient area remained a high/red risk for overcrowding under the control of measures identified in the outpatient department risk register. Outpatient managers were working daily to alleviate the impacts of this.
- Nursing staffing levels were under pressure from an expanding service. The trust kept this under review as part of the Transformational project.

## Is the service effective?

We inspect but do not currently rate Effectiveness for outpatient services

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Clinicians worked within their scope of practice in accordance with their professional governing bodies. Healthcare professionals including therapists worked together to plan and implement care and treatment for individual patients as per evidence based guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff were competent and trained to carry out their roles, meet the needs of patients and were supported to undertake training to enhance their knowledge and skills.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Outpatient clinics operated six days per week with radiology support over seven days per week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings.

# Outpatients

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Consultants and registrars included patients and partners or relatives attending with them in discussion about diagnostic results. They discussed treatment options with patients.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** 

We previously inspected outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings.

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. The outpatient department offered clinics for surgery, medicine and a limited amount for sports injury in teenage children. The trust also offered further specialist outpatient services.
- Systems were in place for Access and flow. The trust kept these under review.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- It was still usual for the main outpatient waiting area to be very busy and subject to overcrowding. This was being managed through the risk register.
- Cancer waiting times did not always met the England average.
- The main outpatient area clinics were sometimes overbooked.
- Data was not collected for the reasons why a clinic was cancelled.
- We did not see any easy read materials available for staff to support patients with learning disabilities.

## Is the service well-led?

**Good** 

We previously inspected outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings.

We rated well led as good because:

# Outpatients

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Systems were in place to provide the Board with regular assurance.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Health care assistants were in ongoing dialogue with outpatient managers about their concerns relating to working alone in the department (albeit with a consultant in the clinic room) on evening and Saturday clinics.
- It was not clear through the risk register what the timeframe was for achieving remaining measures to alleviate overcrowding in the general outpatient area.

## Areas for improvement

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



# Diagnostic imaging

Good 

## Key facts and figures

The trust's radiology department sits within the clinical diagnostics group and provides an imaging service using a wide range of methods and specialised interpretation of those images. The clinical radiology department provides imaging for the diagnosis and interventional treatment of a large array of conditions. Within 2017/18 year, the multi-disciplinary team performed 37,678 x-ray plain film, 3,992 computerised tomography (CT), 10,094 magnetic resonance imaging (MRI), 6,453 ultrasounds (non - obstetric) and 4,865 fluoroscopy examinations.

The radiology department provides support for level one trauma with 24 hours, seven days a week onsite radiographer cover for CT, plain film, and an on-call service for theatre, interventional, and MRI scans.

The trust is a training department for radiologists, advanced practitioners, radiographers, assistant practitioners, and nurses, and is committed to providing state of the art imaging through constantly evolving techniques.

The service was previously inspected as part of the outpatients and diagnostic imaging core service framework and was rated requires improvement overall. We rated safe, responsive, and well-led as requires improvement and caring was rated good. We inspect, but do not rate effective. As this is an additional service, we do not include this service's ratings in our aggregation of ratings for the core services at this hospital.

During this inspection, we spoke with 16 patients and relatives, and 30 members of staff, including radiologists, radiographers, unit managers, radiology assistants, nurses and administration staff. We also checked the environment, records and information about the service.

## Summary of this service

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# Diagnostic imaging

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# Diagnostic imaging

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Although the service provided mandatory training in key skills to all staff and had systems in place to ensure compliance, not all staff were fully compliant.
- Not all staff were up to date with safeguarding training.
- There was an increase in patient safety incidents on Mondays and Tuesdays due to these being the busiest days of the week.
- Staff did not display radiation signs in theatre areas to alert people that radiation was in use for interventional procedures.

## Is the service safe?

**Good** 

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Diagnostic imaging

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However,

- Although the service provided mandatory training in key skills to all staff and had systems in place to ensure compliance, not all staff were fully compliant.
- Not all staff were up to date with safeguarding training.
- There was an increase in patient safety incidents on Mondays and Tuesdays due to these being the busiest days of the week.
- Staff did not display radiation signs in theatre areas to alert people that radiation was in use for interventional procedures.

## Is the service effective?

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Diagnostic imaging

- Staff monitored the effectiveness of care and treatment through clinical audits and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** 

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** 

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Diagnostic imaging

## Is the service well-led?

**Good** 

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## 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.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

The inspection was led by Victoria Watkins, Head of Hospital Inspection and Zoe Robinson, Inspection Manager.

The team for the well led review and core services inspections included nine inspectors, two of which were mental health inspectors, one pharmacist inspector, one executive reviewer and eight 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.